

**Guidelines and Application Form: Access to SSHRC Residual Funds**

**Deadlines**: Applications to access residual SSHRC funds must be submitted to the Office for Research Innovation and Partnership by **May 1** and **November 1** of each year (or the following Monday should the deadline fall on a weekend).

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**GUIDELINES:**

**1. INTRODUCTION**

SSHRC Standard Research Grants that have not been renewed or extended, or that have been terminated, may contain unspent balances at termination. These unspent balances may comprise funds which had been allocated in prior fiscal years and/or funds issued in the current fiscal year.

Tri-Council policy allows unspent SSHRC funds **from prior years** to be retained by the university. These unspent funds may be transferred to a SSHRC General Research Fund. The President has delegated the responsibility for the administration of these funds to the Vice-President (Research).

**Internal Administration:**

Prior to the end of a Tri-Council’s automatic extension period, annual notifications are circulated by Financial Services to grantees and/or administrators advising them their account(s) may be expiring.

If the grant is not renewed, any uncommitted / unspent funds remaining in the account after the expiry date will be frozen and access to the account will not be permitted.

Financial Services will request that the appropriate Tri-Council permit all unspent funds to be transferred to the appropriate University General Research Fund. Approval from the Tri-Councils may take up to six months and, in the interim, all accounts and funds will remain frozen.

**Within one year of the expiry date, the grantee may submit an Access to Residual Funds application to the Office for Research Innovation and Partnership to request part or all of the unspent funds for ongoing research related to the original grant.**

**After the one year period noted above, the funds become part of the general fund to stimulate new research initiatives.**

**2. APPLICATION PROCEDURES**

Application forms are available on the Office for Research Innovation and Partnership website: [www.uregina.ca/research](http://www.uregina.ca/research)

The application deadlines are **May 1** and **November 1**. **One original and one electronic copy** must be submitted to the Office for Research Innovation and Partnership by the above deadline. Late or incomplete applications will not be accepted.

All applications must be typed using Times New Roman - 12 point font and MUST NOT exceed the maximum number of pages identified for each section. Excess pages will be removed and will not be reviewed by the Committee.

All applications must be signed by the applicant, Department Head and Dean (or designate), as appropriate.

**3. CONSIDERATION OF APPLICATIONS**

The application will be considered by the appropriate Research Grants Committee concerning the completeness and clarity of the application. The scholarly record of applicants may be considered as part of the review process.

**4. ADMINISTRATION OF FUNDS**

The Office for Research Innovation and Partnership will notify applicants of the results of their application.

Expenditures may be made only for those specific purposes authorized by the Committee for the agreed upon time frame. Any expenses that extend past the approved time frame become the personal responsibility of the account holder.

Overspending is not permitted. Reimbursement claim forms that exceed the approved amount become the personal responsibility of the account holder.

**5. ETHICS APPROVAL**

Approved funds may be ‘conditionally’ granted pending receipt of ethical approval.

An applicant has six (6) months from notification of a 'conditional' award to re-submit an ethics application.

Awards will not be placed in an account until all required ethical clearances have been obtained.

**6. REPORTING**

Recipients will complete a report for any approved residual fund. Reports are to be submitted to the Office for Research Innovation and Partnership at the completion of the project or at the end of their approved time frame. These reports, which will be available on request to each Committee member, are to describe the use of the funds and any results of the research for which the funds were granted.

**Application Form: Access to SSHRC Residual Funds**

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Please submit **one original and one electronic copy to**:

Office for Research Innovation and Partnership - Research and Innovation Centre 109 <mailto:ORIP@uregina.ca>

**ALL APPLICATIONS MUST BE TYPED IN 12 POINT FONT**

**Deadlines: May 1 and November 1**

NOTE: The grantee may submit an Access to Residual Funds application to the Office for Research Innovation and Partnership to request part or all of the unspent funds for ongoing research related to the original grant within one year of the expiry date. After the one year period noted above, the funds will become part of the general fund to stimulate new research initiatives.

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| **Application Information** | | | | | | |
| Applicant Name: | | |  | Date: | | |
| Department / Faculty: | | |  | Academic Position / Rank: | | |
| Do you hold a term appointment? Yes  No | | |  | If yes, what are the dates of the term? | | |
| Telephone: | | |  | Office Location: | | |
| E-mail Address: | | |  |  | | |
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| **Grant Information** | | | | | | |
| Current Expiry Date: | | |  | SSHRC  Reference #: | | |
| Title of Research Project: | | |  | FOAPAL: | | |
|  | Co-applicants: | | |
| Keywords (max 6): | | |  | Pending renewal applications: Yes  No | | |
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| **Budget** | | | | | | |
| Total Funds Requested: | | |  | **Note**: Budget can not exceed balance at close of the SSHRC account. | | |
| Requested End Date: | | |  |
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| **Required Signatures (must be obtained prior to submission)** | | | | | | |
| Your signature means that: a) you have read the application, b) the application is accurate, c) the applicant has the time and facilities to conduct the research and, d) appropriate Tri-Council and U of R policies will be followed. | | | | | | |
| **Applicant** |  | **Signature of Department Head** | | |  | **Signature of Dean of Faculty or Director of Centre / Institute** |
| Print Name: |  | Print Name: | | |  | Print Name: |
| Signature |  | Signature | | |  | Signature |
| Date: |  | Date: | | |  | Date: |
| ORS Approval: |  | Hold for Approvals | | |  | Process |

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| **JUSTIFICATION FOR ACCESS TO RESIDUAL FUNDS** |
| Instructions: Provide a brief explanation as to why access to residual funds is being requested (200 words max.) |
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| **Project description and research plan** |
| Instructions: Provide a brief description of the research project and explain how it will be completed in the requested time frame. (200 words max.) |
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| **Compliance** | | | | | | | | |
| All research proposals involving animals, human participants or bio-hazardous materials must be approved by the appropriate committee. Please indicate on the chart below the current status of the approvals required for your proposal. | | | | | | | | |
| **Human participants** |  | Yes  No |  | Approval granted Yes  No |  | Approval # |  | Extension to be sought: Yes  No |
| **Animals** |  | Yes  No |  | Approval granted Yes  No |  | Approval # |  | Extension to be sought: Yes  No |
| **Bio-hazardous materials** |  | Yes  No |  | Approval granted Yes  No |  | Approval # |  | Extension to be sought: Yes  No |
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| **proposed budget** | | | | | | | | |
| **Personnel** | | | | | | | | |
| Position |  | Hourly Rate of Pay |  | Hours / Days per Week |  | Benefits |  | Position Total  (Salary + Benefits) |
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|  |  |  |  |  | **Sub-Total** | |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equipment, Supplies and Services** | | | | | | | | |
| Description |  | Quantity |  | Unit Cost |  | Total Cost | | |
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| **Travel (i.e., air fare, per diem, hotel expenses)** | | | | | | |
| Description |  | Mode of Travel |  | Total Cost | | |
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|  |  |  |  | **Sub-Total** |  |  |

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| **Other** | | | | | | |
| Description |  | Additional Information |  | Total Cost | | |
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|  |  |  |  | **Sub-Total** |  |  |

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|  |  |  |  | **Total** |  |  |

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| **For Completion by Office for Research Innovation and Partnership ‑ Previous President’s Fund SSHRC Support:** | | | | |
| **Year** | | **Title of Project** | | **Amount** |
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| **Subsequent Application(s) For External Funding:** | | | | |
| **Year** | **Agency** | | **Title of Research** | |
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