

# ARTICLE 31:06 FUND APPLICATION FORM



## Applicant Information

Name

Position (Head of Department/School/Unit)

Faculty

Email Address

Telephone Number

## Project Information

Project Title

Project Start Date

Project End Date (if applicable)

Amount Requested (\$)

## Project Description

Please provide a brief description of the work-related project, including its purpose, objectives, and anticipated outcomes

## Strategic Alignment Statement

Please describe how the proposed project supports the goals and priorities of the University of Windsor

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Strategic Alignment Statement — IRP Goals

Please identify the IRP goal(s) addressed by the project (check all that apply):

- ☐ Enrolment Growth and Student Success
- ☐ Research Excellence and Government/External Grants
- ☐ Advancement and External Engagement
- ☐ Revenue Generation and Monetization
- ☐ Institutional Improvement and Operational Effectiveness
- ☐ Future Windsor Vision and Strategic Development

Describe the anticipated impact of the project and how it supports the selected strategic priority(ies):

Proposed Timeline

Please provide key project milestones and anticipated completion dates.

| Activity / Milestone | Expected Date |
|----------------------|---------------|
|                      |               |
|                      |               |
|                      |               |
|                      |               |
|                      |               |

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Budget

Please itemize anticipated project expenses.

| Expense Category / Description | Amount (\$) |
|--------------------------------|-------------|
| Travel                         |             |
| Research Assistance            |             |
| Materials/Supplies             |             |
| Professional Services          |             |
| Other (specify)                |             |
| Total Funding Requested:       |             |

Other Funding Sources

Have you applied for or received funding for this project from other sources?

☐ Yes ☐ No

If yes, please provide details

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### Dean Consultation

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Date of Consultation with Dean

Dean's Name

Brief Summary of Consultation (attach additional pages if necessary):

☐ I confirm that consultation with the Dean has occurred in accordance with the Article 31:06 Fund Process.

### Applicant Declaration

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I confirm that:

1. The information provided in this application is accurate and complete.
2. The proposed project is a work-related project within the meaning of Article 31:06 of the WUFA Collective Agreement.
3. This application is being submitted at least three (3) months prior to the commencement of the project.
4. Funds awarded will be used solely for the purposes described in this application.

Applicant Signature

Date

### Provost's Office Use Only

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Date Received

Application Complete

☐

Yes

☐

No

Amount Requested (\$)

Amount Approved (\$)

Decision Date

Approved By

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### Provost's Office Use Only (continued)

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Conditions (if any)

Comments:

Signature:

Date:

Complete applications must be submitted to the Provost ([vpacademic@uwindsor.ca](mailto:vpacademic@uwindsor.ca))