

**Office of Research and Innovation Services (ORIS)**  
**Funding Application Information Sheet and Checklist**  
 -must be submitted to ORIS 5 business days prior to the sponsor deadline-



For help, place cursor over the field.

**1. Applicant Information (University of Windsor Investigator)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Project role: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Faculty/Department: \_\_\_\_\_ Phone#: \_\_\_\_\_

**2. Project Information**

Application type: \_\_\_\_\_  
 Funding Source: \_\_\_\_\_ Program: \_\_\_\_\_  
 Project title: \_\_\_\_\_  
 Key words: \_\_\_\_\_  
 Competition deadline: \_\_\_\_\_ Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_  
 Proposal peer-reviewed? No Yes →Describe: \_\_\_\_\_

**3. Budget Information (Attach supporting documentation for cash and in-kind contributions)**

Total amount requested from above funding source: \_\_\_\_\_

**Other contributions to proposal (excluding UWindsor):**

	No	Yes	Name of source (e.g., other funding agencies, government, industry, NGO)	Amount
Cash:				
In-kind:				
Indirect / <a href="#">Overhead costs:</a>			→Rate (%): _____ Amount: _____	

**4. University of Windsor contributions to proposal (Attach supporting documentation for cash and in-kind contributions):**

Resource contribution		Department (\$)	Faculty (\$)	ORIS/VPRI (\$)
Personnel (e.g. administrative, technical, managerial)	Cash			
	In-kind			
Space (e.g. laboratory, office, studio)	Cash			
	In-kind			
Equipment	Cash			
	In-kind			
Course Release	Cash			
Other (please explain in an attachment)	Cash			
	In-kind			

Additional comments (brief explanation regarding the above categories; attach supporting documentation if applicable):

**5. Does this project involve (All fields are mandatory)**

Human subjects? *Research that involves surveys, questionnaires, interviews, participant observation, research involving human remains, human organs, tissues and biological fluids and secondary data analysis* ([link](#)) No Yes\*

Vertebrate animals? ([link](#)) No Yes\*

Biohazardous materials? ([link](#)) No Yes\*

Controlled goods? (e.g. firearms, ammunition, goods and technologies that guide weapons systems) ([link](#)) No Yes

Partnership agreement? (please contact Vesna Kaps, ext.3922 or [vesna@uwindsor.ca](mailto:vesna@uwindsor.ca)) No Yes

Co-applicants/co-investigators? (please provide their information on the second page) No Yes

**If YES (\*), funds will automatically be placed on hold until ORIS is notified by the appropriate certification committee that the required certifications are issued. The UWindsor applicant must initiate the process for certification with the relevant committee.**

**6. Participant Information**

1) Project role: \_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Receiving funds: No Yes →Amount: \_\_\_\_\_

2) Project role: \_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Receiving funds: No Yes →Amount: \_\_\_\_\_

3) Project role: \_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Receiving funds: No Yes →Amount: \_\_\_\_\_

4) Project role: \_\_\_\_\_

Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Department: \_\_\_\_\_ Receiving funds: No Yes →Amount: \_\_\_\_\_

**7. Signatures (Form must be signed by Applicant, Department Head and Dean prior to submission to ORIS)***i) Declaration of the Applicant*

I certify that this application is in compliance with the Sponsor and [University policies and regulations](#), and I will use the funds in accordance with these policies and regulations. I also declare that all University resources required to support this application are stated in Section 4. I acknowledge that I have read and will comply with the [Tri-Agency Open Access Policy on Publications](#).

\_\_\_\_\_  
**Signature of Applicant**\_\_\_\_\_  
**Date**

*ii) Declaration of Department Head and Dean* – We certify that the applicant is eligible for funding by virtue of his/her employment contract in accordance with University of Windsor policy and meets the requirements of the Sponsor. We are aware of proposed activities, and we confirm that space, basic facilities and resources stated in Section 4 for carrying out the research are available. We approve the above commitments from our units, and we confirm that the applicant has the necessary time and facilities to carry out the research.

\_\_\_\_\_  
**Signature of Head/Chair**\_\_\_\_\_  
**Date**\_\_\_\_\_  
**Signature of Dean**\_\_\_\_\_  
**Date***iii) Declaration of Director, Research and Development*

I certify that the University will accept responsibility for the administration of the project funds. The project will be carried out in accordance with policies and procedures of the University of Windsor and the Sponsor.

\_\_\_\_\_  
**Signature of Executive Director, R&I**\_\_\_\_\_  
**Date**