




**FORM 101**  
**Application for a Grant**  
**PART I**

Institutional Identifier		Date	
System-ID (for NSERC use only)			
Family name of applicant	Given name	Initial(s) of all given names	Personal identification no. (PIN)
Institution that will administer the grant		Language of application <input type="checkbox"/> English <input type="checkbox"/> French	Time (in hours per month) to be devoted to the proposed research / activity
Type of grant applied for		For Strategic Projects, indicate the Target Area and the Research Topic; for Strategic Networks indicate the Target Area.	

Title of proposal

Provide a maximum of 10 key words that describe this proposal. Use commas to separate them.

Research subject code(s) Primary _____ Secondary _____	Area of application code(s) Primary _____ Secondary _____
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**CERTIFICATION/REQUIREMENTS**

If this proposal involves any of the following, check the box(es) and submit the protocol to the university or college's certification committee.

Research involving :    Humans     Human pluripotent stem cells     Animals     Biohazards

Does any phase of the research described in this proposal a) take place outside an office or laboratory, or b) involve an undertaking as described in Part 1 of Appendix B?

NO                       If YES to either question a) or b) – Appendices A and B must be completed

**TOTAL AMOUNT REQUESTED FROM NSERC**

Year 1	Year 2	Year 3	Year 4	Year 5
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I certify that this project will involve only industry partners with whom no prior research partnership has taken place (ENGAGE):

**SIGNATURES (Refer to instructions "What do signatures mean?")**

It is agreed that the general conditions governing grants as outlined in the NSERC *Program Guide for Professors* apply to any grant made pursuant to this application and are hereby accepted by the applicant and the applicant's employing institution.

_____ Applicant Applicant's department, institution, tel. and fax nos., and e-mail	_____ Head of department
_____ _____ _____	_____ Dean of faculty
_____ _____	_____ President of institution (or representative)



Personal identification no. (PIN)

Family name of applicant

**CO-APPLICANTS**

I have read the statement "What do signatures on the application mean?" in the accompanying instructions and agree to it.

PIN, family name and initial(s)	Research/ activity time (hours/month)	Organization	Signature

**CO-APPLICANTS' ORGANIZATIONS AND/OR SUPPORTING ORGANIZATIONS (if organization different from page 1)**It is agreed that the general conditions governing grants as outlined in the NSERC *Program Guide for Professors*, as well as the statements "What do signatures on the application mean?" and "Summary of proposal for public release" in the accompanying instructions, apply to any grant made pursuant to this application and are hereby accepted by the organization.

Family name and given name of signing officer, title of position, and name of organization	Signature

Personal identification no. (PIN)	Family name of applicant
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<b>CO-APPLICANTS</b>			
<b>PIN, family name and initial(s)</b>	<b>Research/ activity time (hours/month)</b>	<b>Organization</b>	<b>Signature</b>

Personal identification no. (PIN)

Family name of applicant

**CHAIR CANDIDATES/CHAIRHOLDERS**

I have read the statement "What do signatures on the application mean?" in the accompanying instructions and agree to it.

Name	Research/ activity time (hours/month)	Type of Chair	Signature

**SUPPORTING ORGANIZATIONS (if organization different from page 1)**

It is agreed that the general conditions governing grants as outlined in the NSERC *Program Guide for Professors*, as well as the statements "What do signatures on the application mean?" and "Summary of proposal for public release" in the accompanying instructions, apply to any grant made pursuant to this application and are hereby accepted by the organization.

Family name and given name of signing officer, title of position, and name of organization	Signature

Personal identification no. (PIN)

Family name of applicant

Before completing this section, read the instructions for the definition of collaborators in the Eligibility Criteria section of the Program Guide for Professors.

**COLLABORATORS**

PIN, family name and initial(s)	Research/ activity time (hours/month)	Organization

Personal identification no. (PIN)

Family name of applicant

**SUMMARY OF PROPOSAL FOR PUBLIC RELEASE (Use plain language.)**

This plain language summary will be available to the public if your proposal is funded. Although it is not mandatory, you may choose to include your business telephone number and/or your e-mail address to facilitate contact with the public and the media about your research.

Business telephone no. (optional):

E-mail address (optional):

**Other Language Version of Summary (optional).**

Personal identification no. (PIN)

Family name of applicant

See instructions for further details.

**PROPOSED EXPENDITURES**

	Cash	In-kind
1) Salaries and benefits		
a) Students		
b) Postdoctoral fellows		
c) Technical/professional assistants		
d)		
2) Equipment or facility		
a) Purchase or rental		
b) Operation and maintenance costs		
c) User fees		
d)		
3) Materials and supplies		
a)		
b)		
c)		
4) Travel		
a) Conferences		
b) Field work		
c) Project-related travel		
d)		
5) Dissemination		
a) Publication costs		
b)		
6) Technology transfer activities		
a) Field trials		
b) Prototypes		
c)		
<b>TOTAL PROPOSED EXPENDITURES</b>		
<b>Total support from industry</b>		
<b>Total support from university</b>		
<b>Total support from other sources</b>		
<b>AMOUNT REQUESTED FROM NSERC</b>		

Personal identification no. (PIN)

Family name of applicant

Supporting organizations are not required to make cash or in-kind contributions for this grant. However, if there are any contributions, please report them in the following table, and describe any in-kind contributions provided in the budget justification.

Name of supporting organization

**CONTRIBUTIONS FROM SUPPORTING ORGANIZATIONS**

<b>Cash contributions to direct costs of research (Transfer amounts to page three (3); except those for the Ship Time program.)</b>	
<b>In-kind contributions to direct costs of research</b>	
1) Salaries for scientific and technical staff	
2) Donation of equipment, software	
3) Donation of material	
4) Field work logistics	
5) Provision of services	
6)	
<b>Total of in-kind contributions to direct costs of research</b>	
<b>In-kind contributions to indirect costs of research (not leveraged)</b>	
1) Use of organization's facilities	
2) Salaries of managerial and administrative staff	
3)	
<b>Total of all in-kind contributions</b>	
<b>Contribution to postsecondary institution overhead</b>	



Personal identification no. (PIN)	Family name of applicant
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**ACTIVITY SCHEDULE**  
 (Refer to instructions to see if this section applies to your application. Use additional page(s) if necessary.)

Milestone	Description of activities	Anticipated starting date	Anticipated completion date

Personal identification no. (PIN)

Family name of applicant

Before completing this section, **read the instructions** and consult the *Use of Grant Funds* section in the NSERC Program Guide for Professors for information about the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds. On separate page(s), supply a detailed explanation, and justification, for your proposed expenditures. **Also explain the relationship or difference between this application and all other research support (held or applied for)**, and describe any contributions from other sources (if applicable).

**PROPOSED EXPENDITURES FOR DIRECT COSTS OF RESEARCH (include cash expenditures only)**

	Year 1	Year 2	Year 3	Year 4	Year 5
1) Salaries and benefits					
a) Students					
b) Postdoctoral fellows					
c) Technical/professional assistants					
d)					
2) Equipment or facility					
a) Purchase or rental					
b) Operation and maintenance costs					
c) User fees					
3) Materials and supplies					
4) Travel					
a) Conferences					
b) Field work					
c) Collaboration/ consultation					
5) Dissemination costs					
a) Publication costs					
b) Other activities					
6) Other (specify)					
a)					
b)					
<b>TOTAL PROPOSED EXPENDITURES</b>					
<b>Total cash contribution from industry (if applicable)</b>					
<b>Total cash contribution from university (if applicable)</b>					
<b>Total cash contribution from other sources (if applicable)</b>					
<b>TOTAL AMOUNT REQUESTED FROM NSERC (transfer to page 1)</b>					

## 5 (SAP Team)

Personal identification no. (PIN)

Family name of applicant

Before completing this section, **read the instructions** and consult the *Use of Grant Funds* section of the NSERC Program Guide for Professors concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds.

**TOTAL PROPOSED EXPENDITURES (Include cash expenditures only)**

	Year 1	Year 2	Year 3	Year 4	Year 5
1) Salaries and benefits					
a) Students					
b) Postdoctoral fellows					
c) Technical/professional assistants					
d)					
2) Equipment or facility					
a) Purchase or rental					
b) Operation and maintenance costs					
c) User fees					
3) Materials and supplies					
4) Travel					
a) Conferences					
b) Field work					
c) Collaboration/consultation					
5) Dissemination costs					
a) Publication costs					
b)					
6) Other (specify)					
a)					
b)					
<b>TOTAL PROPOSED EXPENDITURES</b>					
<b>Total cash contribution from industry (if applicable)</b>					
<b>Total cash contribution from university (if applicable)</b>					
<b>Total cash contribution from other sources (if applicable)</b>					
<b>TOTAL AMOUNT REQUESTED FROM NSERC (transfer to page 1)</b>					

Personal identification no. (PIN)

Family name of applicant

See instructions for further details.

**PROPOSED EXPENDITURES**

	Year 1		Year 2		Year 3	
	Cash	In-kind	Cash	In-kind	Cash	In-kind
1) Salaries and benefits						
a) Students						
b) Postdoctoral fellows						
c) Technical/professional assistants						
d)						
2) Equipment or facility						
a) Purchase or rental						
b) Operation and maintenance costs						
c) User fees						
d)						
3) Materials and supplies						
a)						
b)						
c)						
4) Travel						
a) Conferences						
b) Field work						
c) Project-related travel						
d)						
5) Dissemination						
a) Publication costs						
b)						
6) Technology transfer activities						
a) Field trials						
b) Prototypes						
c)						
<b>TOTAL PROPOSED EXPENDITURES</b>						
<b>Total support from industry</b>						
<b>Total support from university</b>						
<b>Total support from other sources</b>						
<b>AMOUNT REQUESTED FROM NSERC</b>						

Personal identification no. (PIN)

Family name of applicant

See instructions for further details.

**PROPOSED EXPENDITURES**

	Year 4		Year 5		
	Cash	In-kind	Cash	In-kind	
1) Salaries and benefits					
a) Students					
b) Postdoctoral fellows					
c) Technical/professional assistants					
d)					
2) Equipment or facility					
a) Purchase or rental					
b) Operation and maintenance costs					
c) User fees					
d)					
3) Materials and supplies					
a)					
b)					
c)					
4) Travel					
a) Conferences					
b) Field work					
c) Project-related travel					
d)					
5) Dissemination					
a) Publication costs					
b)					
6) Technology transfer activities					
a) Field trials					
b) Prototypes					
c)					
<b>TOTAL PROPOSED EXPENDITURES</b>					
<b>Total support from industry</b>					
<b>Total support from university</b>					
<b>Total support from other sources</b>					
<b>AMOUNT REQUESTED FROM NSERC</b>					

Personal identification no. (PIN)

Family name of applicant

Before completing this section, **read the instructions** and consult the *Tri-Agency Financial Administration Guide* section of the NSERC Program Guide for Professors concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds.

**RESOURCE COSTS**

		Previous Year	Current Year	Year 1	Year 2	Year 3
1) Salaries and benefits						
a) Technical/professional	Total					
	NSERC					
b)	Total					
	NSERC					
2) Resource						
a) Operating costs	Total					
	NSERC					
b) Maintenance	Total					
	NSERC					
c) Minor equipment/upgrades	Total					
	NSERC					
d)	Total					
	NSERC					
3) Travel						
a) Conferences	Total					
	NSERC					
b) Field work	Total					
	NSERC					
c)	Total					
	NSERC					
4) Dissemination costs						
a) Outreach to user communities	Total					
	NSERC					
b)	Total					
	NSERC					
5) Other costs						
a)	Total					
	NSERC					
<b>Total cost of running the resource</b>						
<b>Total revenues (from page 7)</b>						
<b>Current MFA and requested MRS grants (transfer requested amounts for years 1-5 to page 1)</b>						

Personal identification no. (PIN)

Family name of applicant

Before completing this section, **read the instructions** and consult the *Tri-Agency Financial Administration Guide* section of the NSERC Program Guide for Professors concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds.

**RESOURCE COSTS**

		Year 4	Year 5			
1) Salaries and benefits						
a) Technical/professional	Total					
	NSERC					
b)	Total					
	NSERC					
2) Resource						
a) Operating costs	Total					
	NSERC					
b) Maintenance	Total					
	NSERC					
c) Minor equipment/upgrades	Total					
	NSERC					
d)	Total					
	NSERC					
3) Travel						
a) Conferences	Total					
	NSERC					
b) Field work	Total					
	NSERC					
c)	Total					
	NSERC					
4) Dissemination costs						
a) Outreach to user communities	Total					
	NSERC					
b)	Total					
	NSERC					
5) Other costs						
a)	Total					
	NSERC					
<b>Total cost of running the resource</b>						
<b>Total revenues (from page 7)</b>						
<b>Current MFA and requested MRS grants (transfer requested amounts for years 1-5 to page 1)</b>						

## 5 Consolidated Budget (IRC)

Personal identification no. (PIN)

Family name of applicant

Calculate the sum total expenditures and contributions from individual budget pages 5 and 6 transfer the amounts to this Consolidated Budget page. When using the On-line System to complete the form, this Consolidated Budget page will be automatically generated with the information you have already entered.

**CONSOLIDATED BUDGET ( Proposed Expenditure and Contributions from Supporting Organizations )**

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Cash expenses</b>					
Senior/Executive Chair Salary Costs					
Associate Chair Salary Costs					
Senior/Executive Chair Research Program Costs					
Associate Chair Research Program Costs					
<b>Total cash expenses</b>					
<b>Cash contributions to Chair program (not including overhead)</b>					
Industry					
University					
Other					
Total amount requested from NSERC					
<b>Total cash contributions</b>					
<b>"Cash equivalent" in-kind contributions to direct costs of research</b>					
Industry					
University					
Other					
<b>Total "cash equivalent" in-kind contributions</b>					
<b>Other in-kind contributions to direct costs of research</b>					
Industry					
University					
Other					
<b>Total other in-kind contributions</b>					



Personal identification no. (PIN)

Family name of applicant

Before completing this section, **read the instructions** and consult the *Use of Grant Funds* section in the NSERC Program Guide for Professors concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds.

**PROPOSED EXPENDITURES FOR DIRECT COSTS OF RESEARCH (include cash expenditures only)**

Name of Chair candidate/Chairholder:

Type of Chair:

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Chair Salary Costs</b>					
Salary and benefits					
<b>Research Program Costs</b>					
1) Salaries and benefits					
a) PhD students					
b) Master's students					
c) Undergraduate students					
d) Postdoctoral fellows					
e) Technical/professional assistants					
f)					
2) Equipment or facility					
a) Purchase or rental					
b) Operation and maintenance costs					
c) User fees					
3) Materials and supplies					
4) Travel					
a) Conferences					
b) Field work					
c) Project-related					
5) Dissemination costs					
a) Publication costs					
b)					
6) Other (specify)					
a)					
b)					
<b>Total Research Program Costs</b>					
<b>TOTAL CASH EXPENSES (Chair Salary Costs + Total Research Program Costs)</b>					
<b>Total cash contributions to Chair program (not including overhead) from industry, if applicable.</b>					
<b>Total cash contributions to Chair program (not including overhead) from university, if applicable.</b>					
<b>Total cash contributions to Chair program (not including overhead) from other sources, if applicable.</b>					
<b>TOTAL AMOUNT REQUESTED FROM NSERC (transfer to page 1)</b>					

## 5 (SHIP TIME)

Personal identification no. (PIN)

Family name of applicant

**SHIP TIME REQUIREMENTS**

PLATFORM 1	YEAR 1	YEAR 2
<b>1</b> a) Number of ship days requested b) Daily rate c) Total cost		
<b>2</b> Mission type		
<b>3</b> Geographical location of operation: a) Name of location b) Latitude and longitude c) Estimated distance from port to work site d) Estimate of total distance steamed		
<b>4</b> Platform requested, including two alternate platforms (by order of preference): a) b) c)		
<b>5</b> Preferred dates (by order of preference): a) b) c)		
<b>6</b> Number of personnel: a) Male b) Female c) Total		

Personal identification no. (PIN)

Family name of applicant

Before completing this section, read the instructions for contributions from supporting organizations and consult the *Use of Grant Funds* section in the NSERC *Program Guide for Professors* concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds, and *Guidelines for Evaluating Cost-Sharing Ratios and In-Kind Contributions in University-Industry Collaborations* regarding the eligibility of in-kind contributions.

Name of supporting organization

**CONTRIBUTIONS FROM SUPPORTING ORGANIZATIONS**

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Cash contributions to direct costs of research (Transfer amounts to page five (5); except those for the Ship Time program.)</b>					
<b>In-kind contributions to direct costs of research</b>					
1) Salaries for scientific and technical staff					
2) Donation of equipment, software					
3) Donation of material					
4) Field work logistics					
5) Provision of services					
6)					
<b>Total of in-kind contributions to direct costs of research</b>					
<b>In-kind contributions to indirect costs of research (not leveraged)</b>					
1) Use of organization's facilities					
2) Salaries of managerial and administrative staff					
3)					
<b>Total of all in-kind contributions</b>					
<b>Contribution to university overhead</b>					

Personal identification no. (PIN)

Family name of applicant

Before completing this section, read the instructions on contributions from supporting organizations and consult the *Use of Grant Funds* section in the NSERC *Program Guide for Professors* concerning the eligibility of expenditures for the direct costs of research, the regulations governing the use of grant funds, and the *Guidelines for Evaluating Cost-Sharing Ratios and In-Kind Contributions in University-Industry Collaborations* concerning the eligibility of in-kind contributions. Complete this section if you are reporting in-kind contributions for the direct costs of research. Submit a separate copy for each supporting organization.

Name of supporting organization

**CONTRIBUTIONS FROM SUPPORTING ORGANIZATIONS**

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Cash contributions to Chair program (not including overhead). Transfer amounts to page 5.</b>					
<b>"Cash equivalent" in-kind contributions to direct costs of research</b>					
1) Donation of equipment					
2) Donation of material					
3) Provision of technical services					
4)					
<b>Total "cash equivalent" in-kind contributions</b>					
<b>Other in-kind contributions to direct costs of research</b>					
1) Salaries of scientific and technical staff					
2)					
<b>Total other in-kind contributions</b>					
<b>Total in-kind contributions to direct costs of research</b>					
<b>Contributions to university overhead</b>					

Personal identification no. (PIN)

Family name of applicant

Complete this section if you are applying to the Research Tools and Instruments (Categories 2 and 3) Program **OR** if your project grant application includes the purchase of an equipment item or the installation of a facility costing \$150,000 or more. Report total revenues in the appropriate section on page 5.

**EXPECTED REVENUES FROM EQUIPMENT OR INSTALLATION**

	Previous year	Current year	Year 1	Year 2	Year 3
1) User fees (internal source)					
2) User fees (external source)					
3) Cash contributions from university					
4) Other contributions to direct costs (specify). Do not include NSERC support.					
<b>TOTAL REVENUES</b>					
In-kind contributions (specify)					

Give a detailed explanation of the user fee structure and other expected revenues. For "Cash contributions from university" category and for "In-kind contributions" category, identify each organization that is contributing to the facility and indicate the amount being contributed. Use one additional page if necessary.

Personal identification no. (PIN)

Family name of applicant

Complete the Expected Revenues section to report previous, current and expected revenues (over up to five years) revenues for an MRS grant.

**EXPECTED REVENUES FROM THE RESOURCE**

	Previous year	Current year	Year 1	Year 2	Year 3	Year 4	Year 5
1) User fees (internal source)							
2) User fees (external source)							
3) Cash contributions from university							
4) Other contributions to direct costs (specify). Do not include NSERC support.							
<b>TOTAL REVENUES</b> <b>(transfer this amount to the "Total revenues" on page 5)</b>							
In-kind contributions (specify)							

Give a detailed explanation of the user fee structure and other expected revenues. For "Cash contributions from university" category and for "In-kind contributions" category, identify each organization that is contributing to the resource and indicate the amount being contributed. Use one additional page if necessary.

Personal identification no. (PIN)

Family name of applicant

Before completing this section, read the instructions for the Letters of Reference. Indicate below the name (mandatory), organization and country (optional) of each of the three persons who will be providing letters of reference for each Chair candidate.

**LETTERS OF REFERENCE**

Name of Chair candidate	References	Reference Name / Organization / Country
	1	
	2	
	3	
	1	
	2	
	3	
	1	
	2	
	3	
	1	
	2	
	3	
	1	
	2	
	3	
	1	
	2	
	3	

Personal identification no. (PIN)

Family name of applicant

**INTELLECTUAL PROPERTY**

Complete this section if you need to discuss the plans for protecting and disposing of intellectual property arising from the grant. Do not exceed one page.

Empty text area for intellectual property discussion.





**SEND ONE  
ORIGINAL ONLY  
DO NOT PHOTOCOPY**

**APPENDIX A (Form 101)  
Environmental Impact**

(Total Appendix A only)

Complete this Appendix if you have checked the "YES" box under Certification/Requirements on page 1, Form 101. Include activities that will take place in Canada **and/or abroad**. This information will assist NSERC in determining whether a screening is required under the *Canadian Environmental Assessment Act*. (See the "Requirements for Certain Types of Research" in the NSERC *Program Guide for Professors*.)

Family name of applicant	Given name	Initial(s) of all given names	Personal identification no. (PIN)
Name of applicant's organization			
Title of proposal			
Name of other participating organizations (if applicable)			

**Name of Location (Please complete an additional copy of Appendix A for EACH location at which research will be undertaken.)**

1. Main characteristics of the location (i.e., physical description & coordinates)

*Continue on page 3 of this Form (if necessary).*

**NOTE: There is a potential to generate several Appendices A. Please ensure that all Appendix A pages are numbered consecutively in the space provided in the upper right corner of the form. IF YOU FORESEE THE NEED FOR MORE THAN 3 (THREE) APPENDICES A, PLEASE CONTACT NSERC'S ENVIRONMENTAL ASSESSMENT UNIT BY TELEPHONE AT (613) 992-3612 OR (613) 995-8079, OR BY E-MAIL AT [enviro.assess@nserc-crsng.gc.ca](mailto:enviro.assess@nserc-crsng.gc.ca).**



Personal identification no. (PIN)

Family name of applicant

**Page 2 of 3**

(Total Appendix A only)

**APPENDIX A (Form 101) CONTINUED**

2. Principal activity(ies) and activity component(s).

*Continue on page 3 of this Form (if necessary).*

3. For each principal activity and activity component, list the environmental elements affected and provide a description of those effects.

*Continue on page 3 of this Form (if necessary).*

4. Mitigation measures.

*Continue on page 3 of this Form (if necessary).*



**SEND ONE  
ORIGINAL ONLY  
DO NOT PHOTOCOPY**

Personal identification no. (PIN)	Family name of applicant
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**Page 3 of 3**  
(Total Appendix A only)

**APPENDIX A (Form 101) CONTINUED** **ADDITIONAL INFORMATION**

Use this page to enter additional text from sections 1, 2, 3, and/or 4 (if necessary).



**SEND ONE  
ORIGINAL ONLY  
DO NOT PHOTOCOPY**

**APPENDIX B (Form 101)  
Canadian Environmental Assessment Act  
Pre-Screening Checklist**

Complete this Appendix if you have checked the "YES" box under Certification/Requirements on page 1, Form 101. Include activities that will take place in Canada **and/or abroad**. This information will assist NSERC in determining whether a screening is required under the *Canadian Environmental Assessment Act*. (See the "Requirements for Certain Types of Research" in the NSERC *Program Guide for Professors*.)

Family name of applicant		Given name	Initial(s) of all given names	Personal identification no. (PIN)
Name of applicant's organization				
<p><b>Applicants are responsible for verifying whether permits are required for any of the activities listed below. Please indicate yes (Y), no (N) or unknown (U) by checking the appropriate box for EACH of the listed activities.</b></p>				
<b>Y</b>	<b>N</b>	<b>U</b>	<b>DESCRIPTION OF ACTIVITY</b>	
<b>Part 1. - Determination of Physical Work under the CEAA</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any phase of the proposal involve the <b>construction, operation, modification, decommissioning, abandonment or other activity</b> in relation to a built structure that has a fixed location and is not intended to be moved frequently?	
<b>Part 2. - Determination of Assessable Activities under the CEAA</b>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place in a National Park or National Nature Reserve in Canada	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place on First Nation lands	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place in the North (Yukon, Nunavut, or the Northwest Territories)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place in or within 30 metres of the right-of-way of a power line, a natural gas line, or a railway line	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place in or adjacent to a water body, resulting in harmful alteration, disruption or destruction of fish habitat (including the removal or damaging of aquatic vegetation)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destruction of fish other than by fishing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sampling or prospecting for ores or minerals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal of a prescribed nuclear substance other than in a laboratory equipped for such disposal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deposit of a deleterious or other substance into the environment (in the earth, air, or water)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any kind of remediation of contaminated land	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deposit of oil, oil wastes or any other substances harmful to migratory birds in waters or in areas frequented by migratory birds	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Killing or removal of migratory birds, their nests, eggs, or carcasses or other physical activities that may require a permit or other authorisation under the <i>Migratory Birds Regulations</i> or <i>Migratory Bird Sanctuary Regulations</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The removal or damaging of vegetation and/or the carrying on of agricultural activities or the disturbance or removal of soil in a wildlife area that requires a permit under section 4 of the <i>Wildlife Area Regulations</i> under the <i>Canada Wildlife Act</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical activities that are carried on in Canada and that are intended to threaten the continued existence of a biological population in an ecodistrict, either directly or through the alteration of its habitat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establishment or operation of a field camp in a single location that will be used for 200 person-days or more within a calendar year	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seismic surveying involving more than 50 kg of chemical explosive in a single blast; or marine or freshwater seismic surveying, if during the survey the air pressure measured at a distance of one metre from the source would be greater than 275.79 kPa (40 lbs/sq in)	

Personal identification no. (PIN)	Family name of applicant
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**APPENDIX B (Form 101) continued**

Are any authorizations, permits, or licences required to undertake any activity for any phase of the proposal? If **yes**, list them below, along with the name of the issuing agency(ies). If **no**, please state "None required" and submit this page with the rest of your proposal.



**SEND ONE  
ORIGINAL ONLY  
DO NOT PHOTOCOPY**

**APPENDIX C  
Referee Suggestions  
(Form 101)**

Complete Appendix C for all types of grants (except Discovery Grants, Research Tools and Instruments - Category 1, Major Resources Support Grants and Partnership Workshops Program). Read the instructions before completing the appendix.

Date

Family name of applicant		Given name		Initial(s) of all given names		Personal identification no. (PIN)	
Title of proposal							
1		Area(s) of expertise		1		PIN	
						Lang.	
2		Area(s) of expertise		2		PIN	
						Lang.	
3		Area(s) of expertise		3		PIN	
						Lang.	
4		Area(s) of expertise		4		PIN	
						Lang.	
5		Area(s) of expertise		5		PIN	
						Lang.	
NSERC reviewing committee		1st committee reviewer				Personal identification no. (PIN)	
		2nd committee reviewer				Personal identification no. (PIN)	
		3rd committee reviewer				Personal identification no. (PIN)	



**SEND ONE  
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**APPENDIX C  
Referee Suggestions CONTINUED  
(Form 101)**

Complete Appendix C for all types of grants (except Discovery Grants, Research Tools and Instruments - Category 1, Major Resources Support Grants and Partnership Workshops Program). Read the instructions before completing the appendix.

Date

Family name of applicant		Given name		Initial(s) of all given names		Personal identification no. (PIN)	
Title of proposal							
6		Area(s) of expertise		6		PIN	
						Lang.	
7		Area(s) of expertise		7		PIN	
						Lang.	
8		Area(s) of expertise		8		PIN	
						Lang.	
9		Area(s) of expertise		9		PIN	
						Lang.	
10		Area(s) of expertise		10		PIN	
						Lang.	
NSERC reviewing committee		1st committee reviewer				Personal identification no. (PIN)	
		2nd committee reviewer				Personal identification no. (PIN)	
		3rd committee reviewer				Personal identification no. (PIN)	



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**APPENDIX C  
Referee Suggestions CONTINUED  
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Complete Appendix C for all types of grants (except Discovery Grants, Research Tools and Instruments - Category 1, Major Resources Support Grants and Partnership Workshops Program). Read the instructions before completing the appendix.

Date

Family name of applicant		Given name		Initial(s) of all given names		Personal identification no. (PIN)	
Title of proposal							
11		Area(s) of expertise		11		PIN	
						Lang.	
12		Area(s) of expertise		12		PIN	
						Lang.	
13		Area(s) of expertise		13		PIN	
						Lang.	
14		Area(s) of expertise		14		PIN	
						Lang.	
15		Area(s) of expertise		15		PIN	
						Lang.	
NSERC reviewing committee		1st committee reviewer				Personal identification no. (PIN)	
		2nd committee reviewer				Personal identification no. (PIN)	
		3rd committee reviewer				Personal identification no. (PIN)	





**SEND ONE  
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**APPENDIX C  
Referee Suggestions CONTINUED  
(Form 101)**

Complete Appendix C for all types of grants (except Discovery Grants, Research Tools and Instruments - Category 1, Major Resources Support Grants and Partnership Workshops Program). Read the instructions before completing the appendix.

Date

Family name of applicant		Given name	Initial(s) of all given names	Personal identification no. (PIN)	
Title of proposal					
16		Area(s) of expertise	16		
				PIN	Lang.
17		Area(s) of expertise	17		
				PIN	Lang.
18		Area(s) of expertise	18		
				PIN	Lang.
19		Area(s) of expertise	19		
				PIN	Lang.
20		Area(s) of expertise	20		
				PIN	Lang.
NSERC reviewing committee	1st committee reviewer			Personal identification no. (PIN)	
	2nd committee reviewer			Personal identification no. (PIN)	
	3rd committee reviewer			Personal identification no. (PIN)	