




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

Institutional Identifier		Date	
System-ID (for NSERC use only)		Date	
Family name of applicant	Given name	Initial(s) of all given names	Personal identification no. (PIN)

Department	Institution that will administer the grant
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Language of application	<input type="checkbox"/> English <input type="checkbox"/> French	Time (in hours per month) to be devoted to the proposed research / activity
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Type of grant applied for	For Strategic Projects, indicate the Target Area and the Research Topic; for Strategic Networks indicate the Target Area.
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Title of proposal

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

Research subject code(s)	Area of application code(s)
Primary   Secondary	Primary   Secondary

**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

Indicate if the proposed research takes place outdoors and if you answered YES to a), b) or c) – Appendix A (Form 101) must be completed •  
 NO  YES

**TOTAL AMOUNT REQUESTED FROM NSERC**

Year 1	Year 2	Year 3	Year 4	Year 5
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**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)
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