



FORM 101
Application for a Grant
Part 1

		Date
Family name of applicant	Given name	Initial(s) of all given names
Language of application <input type="checkbox"/> English <input type="checkbox"/> French	Time (in hours per month) to be devoted to the proposed activity	
Network Supplement <input type="checkbox"/>		
Title of proposal		
Write a maximum of ten (10) key words that describe this proposal. Use commas to separate them.		
Subject (select one) Climate/climate change <input type="checkbox"/> Air Quality <input type="checkbox"/> Extreme Weather <input type="checkbox"/> Marine Environmental Prediction <input type="checkbox"/>		
CERTIFICATION REQUIREMENTS		
If this proposal involves any of the following, check the box(es) and submit the protocol to the university certification committee.		
Research involving humans <input type="checkbox"/>	Research involving animals <input type="checkbox"/>	Research involving biohazards <input type="checkbox"/>
Does any phase of the work described in this proposal a) take place outside an office or laboratory, or b) involve an activity that requires a permit, license or approval under any federal statute? <input type="checkbox"/> No <input type="checkbox"/> If yes, Appendices A & B must be completed		
AMOUNT REQUESTED FROM CFCAS		
Year 1	Year 3	Year 4 Year 5
Total Cost		Total requested from CFCAS
SIGNATURES (Refer to instructions "What do signatures mean?")		
It is agreed that the general conditions governing grants as outlined in the CFCAS Awards Guide apply to any grant made pursuant to this application, and are hereby accepted by the applicant and the applicant's employing institution.		
_____ Applicant		_____ Head of Department
Applicant's department, university, address, tel, fax and email.		_____ President of University (or representative)