CONTRACT FACULTY RESEARCH GRANTS FUND (CUPE 3903)

**Deadlines:**  
- October 1 (for grants of up to $8,000 [category #2])  
- March 1 (for both categories)

If the deadline date falls on a Saturday, Sunday, or statutory holiday, applications will be accepted on the next working day. While applications received after the deadline will be sent to the Committee, there is no guarantee that they will be considered for that competition. **PLEASE NOTE:** Normally, retroactive applications will not be considered.

**CHECKLIST:**

Each application should include:

- [ ] A brief description of project
- [ ] An up-to-date CV
- [ ] An official letter from a travel agency quoting the lowest possible airfare (if travel funding is requested)
- [ ] A completed Chair Endorsement Form (form attached herewith)
- [ ] A Letter of Appraisal form sent to two referees when applying for grants over $3,000 (form attached herewith)
- [ ] A completed Teaching Record Form
- [ ] A completed application form with signature

**PLEASE NOTE:** An **ORIGINAL PLUS FOUR** copies of the application and all supporting documents are required.

Please address all correspondence to:  
Contract Faculty Funding Committee  
c/o Faculty Relations

Faculty Relations, C12 East Office Building,  
York University, 4700 Keele Street, Toronto, Ontario, M3J 1P3  
Tel: (416) 736-5518  Fax: (416) 736-5649  Email: dinizl@yorku.ca
Contract Faculty Research Grants Fund (CUPE 3903) 
Application Form

*Please refer to committee guidelines appended to this application.

NAME: ___________________________________________________________

EMPLOYEE NUMBER: ________________________________________________

DEPARTMENT AND FACULTY: _________________________________________

CAMPUS ADDRESS: ________________________________________________

HOME ADDRESS: _________________________________________________

POSTAL CODE: ____________________________________________________

TELEPHONE (OFFICE): ____________________________________________

TELEPHONE (HOME): ______________________________________________

GENERIC RESEARCH ACCOUNT NUMBER: _____________________________
(If you have received funding previously from this committee you will have a generic research account)

AMOUNT REQUESTED: _____________________________________________

RESEARCH PERIOD: From: ____/____/____ to: ____/____/____

       DD  MM  YY            DD  MM  YY

TITLE OF PROJECT:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
**BRIEF DESCRIPTION OF THE PROJECT:**

Please attach a brief description of the project. Include where relevant:

- scope and objectives of the project
- theoretical and/or artistic significance
- practical importance of the project
- relationship to existing research, art form(s) and/or literature
- project plan and methods including names and roles of participants
- work already completed and in progress
- schedule of work to be done
- copies of questionnaires and research instruments
BUDGET DETAILS
(Please provide a detailed budget in the space provided below)

Airfare: Please attach an official letter from a travel agency quoting airfare for the least expensive fare and indicate its basis (APEX, Charter or Seat Sale).

TOTAL: $ ___________________________
**NAME OF REFEREES:**

**Applicable only if applying for grants over $3,000. Please list the names of two referees who are familiar with your work. These referees must be sent the attached letter of appraisal form and a description of your research project.**

**REFEREES:**

1. NAME: ____________________________
   
   TITLE: ____________________________
   
   ADDRESS: ____________________________
   

2. NAME: ____________________________
   
   TITLE: ____________________________
   
   ADDRESS: ____________________________

**HAVE YOU PREVIOUSLY APPLIED FOR FUNDING FOR THIS PROJECT?**

- [ ] Yes  
- [ ] No

**HAVE YOU PREVIOUSLY RECEIVED FUNDING FOR THIS PROJECT?**

- [ ] Yes  
- [ ] No

If yes, amount received $ ____________________________

**GRANTS PREVIOUSLY RECEIVED FROM THIS COMMITTEE:**

- DATE OF AWARD: ____________________________
- AMOUNT RECEIVED: ____________________________
- TITLE OF PROJECT: ____________________________

______________________________________________

______________________________________________
IMPORTANT INFORMATION (please check where appropriate)

(a) Human participants (interviews, questionnaires, psychological or physiological testing) will be involved in this project:

☐ Yes       ☐ No

**If Yes, a completed copy of the Human Participants Questionnaire must be attached. This form is available in Faculty Relations.**

If project is to be undertaken in association with an outside institution, acknowledgement of awareness of project must be included. Institute's acknowledgement is attached:

☐ Yes       ☐ No

(b) Vertebrate animals will be used in this project:

☐ Yes       ☐ No

**If Yes, approval of the project by the York Animal Care Committee must be attached.**

(c) This project will require dealing with recombinant DNA molecules and/or animal viruses and cells:

☐ Yes       ☐ No

**If Yes, approval from the President's Advisory Committee on Biological Safety is required.**
HOW DO YOU WISH TO RECEIVE THESE FUNDS?  
(please check one option)

☐ Stipend*  
(appplies only to research grants over $3,000)

☐ Research Grant

☐ Combination Stipend/Research Grant  
(appplies only to research grants over $3,000)

How do you wish the award to be divided:

$ __________________________ research grant

$ __________________________ stipend*

*Is this stipend request based on a expected reduction in teaching load?

☐ Yes  ☐ No

If yes, please describe your expected teaching load for the period of the research.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature of Applicant  Date
TEACHING RECORD AT YORK

Name of Applicant: 

Campus Address: 

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Department</th>
<th>Position</th>
<th>Session Taught</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8
The Contract Faculty Research Fund was established to encourage individual research and study and to defray research costs incurred by members of the CUPE 3903 bargaining unit in accordance with Article 15.15 of the CUPE 3903 Collective Agreement.

The Research Grants shall by used to support:

Category 1: Release Time/Full Course Directorship Grants. The number of such grants will be up to 5 awards per year having one competition deadline on March 1. Should a “Cap Exempt” Employee receive a Release Time/Full Course Directorship grant, s/he shall abide by the cap on positions as set forth in Article 12.03.1(v) during the academic year in which the grant is held.

Category 2: Major Research Grants up to a maximum of $8,000, the number of such grants to be determined by the Labour/Management Committee established per Article 5 of the CUPE 3903 Agreement having two competition deadlines of March 1 and October 1.

Grants are awarded through competition based on the academic merit of the proposal as assessed by a selection committee consisting of two members of the bargaining unit to be selected by CUPE 3903, the Chair of the Senate Committee on Research (or designate), and the Associate Vice-President (Research) or designate.

1. The Research Grants are available to UNIT II members only. Applicants applying for either of the two major research grant categories must hold or have held a position other than a Tutor 3 (Marker/Grader) position in the bargaining unit within ten months preceding the application deadline and must have held or accrued applicable prior experience for at least the equivalent experience of one Type 1 in each of the two twelve month periods ending August 31 preceding the application deadline.

2. Normally, **ONLY ONE GRANT** of either of the above categories may be awarded to an applicant each fiscal year.

3. Applications must be accompanied by a completed Chair Endorsement form from the applicant’s Chair, Programme Director or Dean.

4. The application for research funds should include full details of the work to be undertaken and the associated costs including out of town accommodations, if applicable, which will be covered by the grant. A current CURRICULUM VITAE should be provided. When applying for grants over $3,000, the attached letters of appraisal should be sent to the referees listed on page 5 along with a copy of the research proposal. These letters should be sent by the referee directly to Faculty Relations, C12 East Office Building. Where the application involves research that is partially funded from other sources, the applicant must show details of other funding.

5. Applications to develop courses or curriculum for York University programs will not be considered. Funding for such projects will be available from the Teaching Development Fund as per Article 15.16 of the Collective Agreement, and a separate application may be made to that fund. Costs towards the publication of books are not eligible.
6. An individual awarded any research grant exceeding $3,000 may apply to receive the grant as a combination stipend/research grant award. In the case of a Release Time/Full Course Directorship award (Category 1), the total amount or a portion of the award may be paid as a stipend providing the request is justified. In the case of Major Research award (Category 2) exceeding $3,000, a maximum of $2,500 is allowed to be paid as a stipend providing the request if justified. The remainder of the award must be used for direct research costs. If an applicant chooses to apply for all or part of research grant as a stipend, s/he must clearly demonstrate how that stipend is related to the conduct of the research. For example, as a result of the stipend, the individual will be able to spend time on research that would not otherwise be available.

7. If an award is paid as a stipend, it is expected that the recipient will not accept employment outside of the University during the research period.

8. Recipients of a Release Time/Full Course Directorship grant (Category 1) will also accrue prior experience equivalent to one Type 1 position. Recipients of Major Research Grants (Category 2) do not accrue prior experience.

9. Where a proposal requests money to purchase equipment, such equipment is considered to be the property of the University and must be returned to the University upon completion of the research period. If the applicant requires use of the equipment beyond the date set for its return, normally this will be permitted provided that s/he formally requests an extension from the Committee.

10. A brief report on the use of the grant must be submitted to Faculty Relations not later than one year after the termination of the award.

11. Please complete the attached record of your teaching at York (or you may submit a copy of a blanket application) for each of the 12 month periods ending August 31st preceding the application deadline.

12. Where a proposal involves the use of human participants, approval by the Human Participants Review Committee is required. Copies of the Human Participants Questionnaire are available from Faculty Relations.

Please submit **one original plus four (4)** copies of your application and supporting documents to:

Contract Faculty Research Grants
Funding Committee
c/o Faculty Relations
C12 East Office Building

Deadline dates for application of Research Grants are as follows:

**OCTOBER 1**  [For Grants of up to $8,000 (category 2)]

**MARCH 1**  [For both categories]
CONTRACT FACULTY RESEARCH GRANTS FUND (CUPE 3903)

LETTER OF APPRAISAL

Name of Applicant

Title of Project

Instructions to Applicant: Please send this form to your referee along with a copy of your research proposal.

Instructions to Referee: This confidential letter of appraisal must be sent directly by the referee to:

Faculty Relations
C12 East Office Building
York University
4700 Keele Street
Toronto, Ontario
M3J 1P3

1. I have known the applicant in my capacity as __________________________ for ______ years and have examined the proposed programme of work.

2. Please assess the applicant's research proposal on its originality, significance, and feasibility and provide comments on its merits and weaknesses.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
3. Please comment on the applicant's past and potential contribution to scholarly research.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of Referee (typed)  Subject Field

________________________________________________________________________

Academic Rank  Department

________________________________________________________________________

Institution

________________________________________________________________________

Signature of Referee  Telephone Number

________________________________________________________________________

Date
CONTRACT FACULTY RESEARCH GRANTS FUND (CUPE 3903)

LETTER OF APPRAISAL

Name of Applicant

Title of Project

Instructions to Applicant: Please send this form to your referee along with a copy of your research proposal.

Instructions to Referee: This confidential letter of appraisal must be sent directly by the referee to:

Faculty Relations
C12 East Office Building
York University
4700 Keele Street
Toronto, Ontario
M3J 1P3

1. I have known the applicant in my capacity as __________________________ for ________ years and have examined the proposed programme of work.

2. Please assess the applicant’s research proposal on its originality, significance, and feasibility and provide comments on its merits and weaknesses.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
3. Please comment on the applicant’s past and potential contribution to scholarly research.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Name of Referee (typed)   Subject Field

_______________________________________________________________________________

Academic Rank   Department

_______________________________________________________________________________

Institution

_______________________________________________________________________________

Signature of Referee   Telephone Number

_______________________________________________________________________________

Date
ENDORSEMENT BY DEPARTMENT CHAIR

After completing the above application, please submit an **ORIGINAL PLUS FOUR** copies along with the supporting documents directly to the Office of Academic Employee Relations.

In addition, you should submit a copy of your application to the Chair of your department along with this endorsement form. The Chair will forward this endorsement under separate cover to Faculty Relations.

NAME OF APPLICANT: ____________________________________________

I have read this application and rank its priority as follows:

☐ Very High
☐ Fairly Low
☐ Moderate
☐ Low

COMMENTS:
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

__________________________________________  _______________________
Department Chair Signature                      Date

Please return to:

Contract Faculty Funding Committee
C/o Faculty Relations
C12 East Office Building