UNIVERSITY OF SASKATCHEWAN

Office of the Vice-President Research
Proposal Development Assistance (PDA)

Purpose: To provide financial assistance for proposal development expenses for Tri-Agency proposals.

Value: Assistance of up to $1,000 per Tri-Agency proposal submitted, depending on eligible & accountable expenses, as well as availability of funding

Deadline: May 1 and September 15 each year (Please contact Institutional Programs office by January 15 for Tri-Agency submissions after September 15 but prior to March 31

Eligibility:

Programs — Proposal development assistance is provided for core Tri-Agency programs including:

- NSERC: Discovery, CRD, SPG, IRC, CREATE LOI
- CIHR: Operating, New Investigator
- SSHRC: Insight Development, Insight, Partnership Development, Partnership LOI

NOTE: *For large-scale or multi-collaborator Tri-Agency grant proposals, please contact our office to determine whether a RAP or PDA application would be appropriate*

Who — Fulltime UofS Faculty can apply

NOTE: *Grad Students, Post Doctoral Fellowships, Adjuncts, and visiting faculty are NOT eligible*

Expenses — Proposal development expenditures below (with appropriate justification) will be considered:

- Professional grant writing services. Use of this service has been shown as a strong indicator of success and is expected to be a significant expenditure in most cases.
- Administrative support and general office expenses (ex: CV preparation, clerical support, courier, copying)
- Travel expenses for PI to meet with collaborators and other group communication expenses (ex: long distance, teleconferencing, working meetings)

NOTE: *DIRECT costs of research (e.g. data analysis, background research, literature review) are NOT eligible*

Timeframe — Expenditures must be incurred between April 1 & January 31 of current federal fiscal year

Reporting: A **Summary of Expense** form will be required for payment of eligible expenditures and to provide information on the impact of PDA funding on the grant proposal development.

Procedure to apply:

□Complete application and print 1 copy

NOTE*: CVs are not required*

NOTE*: Detailed instructions will appear as the mouse rests in each field*

□PI Signature

□Associate Dean Research Signature

□Forward original signed application to

PDA Applications
Institutional Programs, Research Services
110 Gymnasium Place

Applications will be reviewed by Institutional Programs, and notification of funding will be sent by email

Contact Info:

Amit Shukla, Associate Director at **966-2083** or **amit.shukla@usask.ca**
Chelsea Choponis, Administrative Coordinator at **966-1474** or **chelsea.choponis@usask.ca**

Proposal Development Assistance Application Form

UNIVERSITY OF SASKATCHEWAN

Contact Information:

Applicant Name _____ Phone _____ Email _____

Full time Faculty In: Department _____ College _____

Admin contact _____ Phone _____ Email _____

Tri-Agency Proposal Information:

Title _____

- ○ SSHRC Insight Development
- ○ SSHRC Insight
- ○ SSHRC Partnership Develop
- ○ SSHRC Partnership LOI
- ○ NSERC Discovery
- ○ NSERC CRD
- ○ NSERC SPG
- ○ NSERC CREATE LOI
- ○ NSERC IRC
- ○ CIHR Operating
- ○ CIHR New Investigator

Other: _____ Grant $ amount _____ Month _____ Year _____

Budget Information:

Expenses must be incurred between April 1 and January 31 of the current year.

Professional Grant Writing ☐ Science Review ☐ Budget Devlp. ☐ Grammar review

Vendor Name _____ # hours _____ Rate _____ SubTtl _____ Taxes _____ Total _____

Month _____

Administrative Assistance ☐ Clerical Support ☐ Budget Devlp. ☐ Grammar review ☐ CV Preparation

Name _____ Dept _____ # hours _____ Rate incl. benefit _____ Total _____

☐ UofS Student

☐ UofS Employee ○ Addt Hours ○ Part of duties

Month _____

Courier/Copying _____ Month _____ Total _____

Travel for PI Destination _____ Month _____

Purpose of Trip _____

Airfare _____ Lodging _____ Ground Travel _____ Per Diems _____ Total _____

Group Communication Month _____

Purpose of Meetings _____

LongDist Phone _____ Teleconference _____ Mtg Rm/Equip _____ Total _____

Additional Info _____

Total PDA Request (MAX $1,000) _____

PDA Application verification:

I/we verify the information above is correct, and will use PDA funding as outlined in "Budget Information" above. Date _____

Applicant Signature _____ Associate Dean Research Signature _____ ADR Print Name _____

Forward signed original application **Attn:** PDA Application - Institutional Programs, Research Services 110 Gymnasium Place