**Request for Release of Funds Agreement**

***All funded researchers at MSVU*** are required to complete this form in order to have their account established and funds released.

NSERC, CIHR and SSHRC all require that Mount Saint Vincent University (MSVU) withhold access to funding for research until all required certifications and/or clearances have been received. This also applies to MSVU internal research grant awards as well as funding from other agencies and sources. The term “certification\*” is used in this context for research that requires additional clearances such as human participant; animal subject; bio-hazardous materials; environmental impact; hazardous material, etc. Tri-Council policy states that certifications and clearances must be obtained within **six months** of the date of award, otherwise the agency may withdraw the award.

|  |  |  |  |
| --- | --- | --- | --- |
| Section A - Account Details | | | |
| Principal Investigator | List the Principal Investigator | | |
| MSVU Department or Faculty | Enter your MSVU Department or Faculty | | |
| Co-investigators/Partners | List Co-investigators or Partners | | |
| Funding Agency | Enter Funding Agency | | |
| Grant Type (If applicable) | Enter Grant Type | | |
| Project Title | Enter Project Title | | |
| Funding Approved  (total value of the project) | Enter Total Funding Approved  Sub-grant total, if applicable:Enter Sub-grant Total | | |
| Expiry Date of Grant (MM/DD/YYYY) | Enter the Grant Expiry Date. | | |
| Will residual funds return to grantor at the end of the project? | Yes  No | | |
|  | | | |
| Section B - Certification | | | |
| Please select one from the drop down list: | Please select an option from this drop-down list | | |
| Type of Certification Required  (Check all that apply) | Human Participant  Animal Subject  Bio-hazardous  Other | | Environmental Impact Hazardous Materials  Not applicable |
| Certification File Number: | Enter the Certification File Number | | |
| Expiry Date of Certification | Enter the Certification Expiry Date | | |
| If certification is required but not yet obtained, what is the anticipated date of certification application submission | Enter the anticipated date of certification application submission | | |
|  | | | |
| Section C - Partial Release of Funds Request Prior to Required Certification | | | |
| 1. Explain why research start-up does not require certification clearance within the initial six months: | Explain why research start-up does not require certification clearance within the initial six months | | |
| 2. Why it is necessary for you to access the funds prior to certification? (Please be specific) | Explain why you must access funds prior to certification | | |
| 3. Proposed date when you plan to involve human or animal participants: | Enter the date you plan to involve human or animal participants. | | |
| 4. Proposed date to submit full research certification/clearance application: | Enter the date you plan to submit a full research certification/clearance application. | | |
| 5. Does the project require approval from other regulatory boards or institutions?  If yes, please provide names/details: | Yes  No  Enter details re: other board or institutions that must also provide approvals | | |
| 6. Amount of funding requested  \*No more than 50% of award amount - pro-rated to the amount awarded for the fiscal year | Enter the amount of funding requested | | |
| 7. Budget Line Items and dollar amounts requested for partial release (please be specific): | Provide Budget Line Items and dollar amounts requested for partial release | | |
|  | | | |
| Section D - Compliance | | | |
| 1. Submission of this Release of Funds Agreement request signifies that the researcher(s) will adhere to all compliance and research integrity policies as they pertain to the research, some of which include:    1. [Policies and Procedures for Integrity in Research and Scholarship](http://www.msvu.ca/site/media/msvu/Documents/CRP%20POL%20002%20Integrity%20v5.pdf)    2. [Tri-Agency Framework: Responsible Conduct Of Research](http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/)    3. [Tri-Council Policies and Guidelines](http://www.nserc-crsng.gc.ca/NSERC-CRSNG/Policies-Politiques/certaintypes-typescertaines_eng.asp) 2. Submission of this Release of Funds Agreement request signifies that the researcher(s) will not conduct any research until all certification conditions have been satisfied. 3. If the certification application(s) and documentation have not been submitted within **6 months** of the initial request for release of funds, the research account will be frozen and no further funding will be made available.    1. For internal grants the account will be closed and funds returned to the Committee on Research and Publications.    2. For external grants, Financial Services will contact the funding agency to confirm disposition of funds and return funds to the agency. | | | |
|  | | | |
| Section E - Appendices Required | | | |
| The following documents must be appended to this form (or compiled into one appendices file and sent with the form):   1. A copy of the award notification 2. A full copy of the grant application - For external grants only 3. A copy of the complete/detailed budget - For external grants only   \*Note - Failure to submit the required appendices will result in the package being returned to the researcher for completion. | | | |
|  | | | |
| Section F - Agreement and Signatures | | | |
| **By signing and submitting this *Request for Release of Funds Agreement,* I agree to the following points:**   1. that grant funds are held in trust by the University for the grant holder, and are the property of the university; 2. that expenses can only be incurred once a grant is finalized; 3. that I am responsible for all transactions on this account, will review them on a timely basis and will report any errors or omissions to Financial Services as soon as possible; 4. that all charges authorized against funds conform to the allowable expenditures and limits stated within the approved budget as well as ensuring compliance with the terms and conditions of the sponsoring agency and that charges will also comply with university policies and guidelines, such as hiring of staff or the purchase of goods and services; 5. that deficits over the total approved funding are the responsibility of the accountholder and will not be absorbed by the university; 6. that any deviations from the approved budget will be approved by the appropriate agency and/or university authorities prior to expenditures; 7. that reallocation of budget resources within internal grants that involve transfers between salaried and non-salaried categories or that are more than $100.00 require pre-approval from the Research Office. (For external grants, please refer to the funding agency’s financial guidelines); 8. that I am responsible for the completion and submission of all required reports (financial and non-financial) where required/applicable; 9. that I will acknowledge the appropriate funder on any and all dissemination resulting from this research; 10. that responsibility for certification for research undertaking is mine, for example, ethics review compliance, if working with humans, animal care protocol compliance if working with animals; and 11. that noncompliance may result in a freezing of my funds and that no expenditures made during this time will be reimbursed. No other reimbursement requests for expenditures prior to funds being frozen will be processed until the compliance issue has been resolved. | | | |
| Insert Image of Researcher(s) Signature:  Signature(s) of PI | | Date:  Click or tap to enter the date signed. | |
| Submit the completed, signed form and appendices to [research@msvu.ca](mailto:research@msvu.ca). | | | |
|  | | | |
| **For Office Use Only** | | | |
| **Approval from the Research Office** | | **Date: (MM/DD/YYYY)** | |
| Signature from Research Office | | Click or tap to enter the date approved. | |
| **Approval from the Research Ethics Office** | | **Date: (MM/DD/YYYY)** Click or tap to enter the date approved. | |
| Partial Release  Amount for Partial Enter Amount for Partial Release. Full Release | | Signature from Ethics | |
| **Account Number issued by Financial Services** | | **Date: (MM/DD/YYYY)** Click or tap to enter the date received. | |
| Click or tap here to enter the account number. | | Signature from Financial Services | |