of Health Research en santé du Canada



Special Response Fund for Trainees – (Ukraine)

This form must be completed and signed by the grant holder and signed by the relevant institutional representative; any ha a Rosearch Crant Officer or a Rusiness or Financial Officer fo

this may be a Research Grant Officer or a Business or Financial Officer, for example.		
Grant Holder Information		
First Name		
Last Name		
Grant Holder Signature		
Application # or Funding Reference # (FRN)		
Attestation		
Additional funds are requested to initiate or maintain the employment or financial support of a trainee, defined as a graduate student or postdoctoral researcher. The grant holder attests that the graduate student or postdoctoral researcher named below: • Will participate in research activities associated with the direct costs of this grant. • Is directly impacted* by the crisis in Ukraine. • Is not benefiting from other tri-agency funds for the same purpose. • Support for this individual would end or not be possible if the requested funds were not granted. *Direct impact is defined as (check the one that applies): □ A trainee who was expected to return to Ukraine in 2022 but cannot because of the current crisis; or □ A trainee who cannot continue their planned course of studies or research in Ukraine because of the crisis and is now in Canada		
Trainee Information		
First Name		
Last Name		
Current level of Study	a. Master's studentb. Doctoral studentc. Post-doctoral researcher	

	of up to 12 months, ending March 31, 2023, or until the end of the authority of the institutional guidelines for the support of trainees. The maximum od are:	
Master's student –\$20,000 Doctoral student –\$25,000 Postdoctoral Level –\$45,000		
Requested amounts will be pro-rated to reflect the expected duration of the support.		
Start Date (yyyy-mm-dd)		
End Date (maximum 1 year from start		
date) (yyyy-mm-dd)		
Amount Requested		
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Terms and Conditions

The Terms and Conditions that were issued with your original Authorization for Funding will remain in effect for any funds awarded as a result of this application.

You confirm the grant holder's continued eligibility to receive CIHR funding and agree that the funds will be used for the direct support (stipend or salary) of the aforementioned trainee, for research activities associated with the direct costs of this grant.

Name of Institutional	
Representative	
Email	
Telephone number	
Position title	
Signature	

Email this completed and signed application form to support-soutien@cihr-irsc.gc.ca.