

Special Response Fund for Trainees (Ukraine)

Attestation form

This form must be completed by the grant holder and signed by the relevant institutional representative; this may be a research grants officer or a business or financial officer, for example.

PART 1 – GRANT HOLDER AND TRAINEE INFORMATION		
Last name of grant holder	First name of grant holder	Agency application or grant reference number
<p>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</p> <ul style="list-style-type: none"> the trainee will participate in research activities associated with the direct costs of this grant the trainee is directly impacted (*) by the crisis in Ukraine the trainee is not benefiting from other tri-agency funds for the same purpose the trainee's support would end or not be possible if the requested funds were not granted <p>(*) Direct impact is defined as</p> <ul style="list-style-type: none"> 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 		
Last name of trainee	First name of trainee	
Current level of study of trainee:	Master's student	Doctoral student
		Postdoctoral researcher
PART 2 – AMOUNT REQUESTED		
<p>Support can be requested for a period of up to 12 months, or until the end of the authority to use funds period of the grant. The maximum allowable amounts for a 12-month period are as follows:</p>		
Master's level	Doctoral level	Postdoctoral level
Up to \$20,000	Up to \$25,000	Up to \$45,000
Requested amounts must 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
PART 3 – SIGNATURE OF INSTITUTIONAL REPRESENTATIVE		
<p>The terms and conditions that were issued with the original award letter will remain in effect for any funds awarded as a result of this application.</p> <p>You confirm the grant holder's continued eligibility to receive NSERC/SSHRC 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.</p>		
Full name of institutional representative		Position title of institutional representative
Email address	Telephone number	Signature of institutional representative

(23-03-2022)

PROTECTED B WHEN COMPLETED

Ce formulaire est disponible en français.