
1. MRU AWARDEE/PRINCIPAL INVESTIGATOR

Full Name

Faculty/Department

Email

Request Date

yyyy-mm-dd

2. PROJECT/GRANT INFORMATION

Funding Agency Name

Funding Program

ROMEO #

FOAP Account #: Funds to be Taken From

Project Title

3. RECIPIENT INSTITUTION

Recipient Researcher's Name and Email

Recipient Institution Name

4. SUBGRANT DETAILS

Amount: CDN \$

Subgrant Period: FROM:

yyyy-mm-dd

TO:

yyyy-mm-dd

5. INSTRUCTIONS

Please complete attached Appendix B (page 2). Note that the sub-grant budget must adhere to sponsor guidelines & approved use of funds. This Appendix must be typed and signed as it will form a part of the transfer agreement.

Email completed, signed form to: orscefinance@mtroyal.ca. **PLEASE NOTE: THE TRANSACTION WILL TAKE AN AVERAGE OF 4-6 WEEKS TO PROCESS**

APPENDIX A

1. RECIPIENT INSTITUTION

Co-Investigator's Name

Recipient Institution

2. STATEMENT OF WORK

3. BUDGET

Expense Category		Amount (CDN \$)
Student salaries (including benefits)	(a) Bachelor's	
	(b) Master's	
	(c) Doctorate	
Non-student salaries (including benefits)	(a) Postdoctoral	
	(b) Other	
Professional and technical services/contracts		
*Equipment (including powered vehicles)		
Materials, supplies and other expenditures		
Travel		
Indirect costs/overhead (if applicable)		
	Total CDN \$	

*Equipment

Any equipment purchased with these grant funds (if an approved expense) belongs to the recipient institution:

Yes _____ or No _____

AUTHORIZATION

Grantholder Signature

Date

Note that this Appendix is an integral part of the transfer of funds agreement