

100th Anniversary Funds - Stream B - Application Form

Please see fund guide for more information. [Click here to review Transforming Horizons Guide](#)

Principal Applicant/Contact

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx.

First Name _____

Surname _____

Mailing address _____

Email _____

Telephone _____

Faculty/Unit _____

Department _____

Position _____

Affiliation

- Faculty
- Staff
- Graduate Student
- Undergraduate Student
- PostDoc

Status

- Full time
- Part time
- Term Appointment
- Retired

Co-applicant 1 Contact (if applicable)

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx

First Name _____

Surname _____

Mailing address _____


Email _____

Telephone _____

Organization (if external) _____

Faculty/Department _____

Position _____

 Co-Applicant 2 Contact (if applicable)

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx.

First Name _____

Surname _____

Mailing address _____

Email _____

Telephone _____

Organization (if external) _____

Faculty/Department _____

Position _____

 Co-Applicant 3 Contact (if applicable)

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx.

First Name _____

Surname _____

Mailing address _____


Email _____


Telephone _____


Organization (if external) _____

Faculty/Department _____

Position _____

 Additional Collaborators (Internal/External) (if applicable)

 If you have any additional collaborators please list below:

 Collaborator 1 Contact Information


Name _____

Organization/Affiliation _____

Email _____

Telephone _____

Has this collaborator been confirmed? Yes
 No

 Collaborator 2 Contact Information


Name _____

Organization/Affiliation _____

Email _____

Telephone _____

Has this collaborator been confirmed? Yes
 No

 Collaborator 3 Contact Information


Name _____

Organization/Affiliation _____


Email _____


Telephone _____

Has this collaborator been confirmed? Yes
 No


 Project Information


 Project Title


 Project Type (eg; Event, Exhibit, Concert, Film Production, etc;


 Project Summary and Anniversary Theme


Please provide a brief description of the proposed event, initiative or project and indicate how it relates to Memorial's 100th anniversary theme "Looking Back, Launching Forth" (See fund guide link above for more on the anniversary theme). (max 300 words)

 Please provide an outline of planned activities and timeline, and indicate potential benefits to your target groups (examples of target groups are specified within the fund guide under Assessment Criteria). (max 300 words)


 Please select at least one of the strategic themes contained within Memorial University's strategic plan "Transforming Our Horizons" and briefly describe how your project fits with the selected theme. (Link to Memorial's strategic plan above). (Max 300)

 Please describe how your project connects to Memorial's academic mission involving teaching and learning, research, scholarship, creative activity and/or public engagement. (**Please note that this fund does not support primary research that requires Ethics review; however, the fund does support activities linked with, or adjacent to research, including post-research knowledge mobilization initiatives*). (Max 200 words)


 Please describe whether there will be opportunities for public participation in your proposed event, initiative or project. (Max 200 words)

 Project Schedule, Budget and Contributions

Please provide your projected budget and any other funding sources and contributions.


 Please refer to the fund guide for details on eligible expenses.

 Project Schedule


 Project start date


Please note, projects cannot be funded retroactively.

____/____/____(YYYY/MM/DD)

 Project end date

____/____/____(YYYY/MM/DD)

 Budget & Contributions

 Total cost of project

 Financial contributions from other sources

If you have received any financial contributions from other sources, please indicate below.

Financial contributions received from other sources:

 Financial Contribution 1

Amount of Contribution

Source

 Financial Contribution 2


Amount of Contribution _____


Source _____

 Financial Contribution 3

Amount of Contribution _____

Source _____

 Amount requested from the 100th Anniversary Fund (up to \$2500)

 Please list and describe your anticipated expenses for the requested 100th Anniversary Funds only:

 Budget Item 1


Amount _____

Description _____

 Budget Item 2

Amount _____

Description _____

 Budget Item 3

Amount _____

Description _____

 Budget Item 4

Amount _____

Description _____

 Budget Item 5

Amount _____

Description _____

 In-kind Contributions

If you have received or are providing any in-kind contributions, please indicate here and complete the fields below.

Total amount of in-kind contributions provided by the applicant or by collaborators: _____

 In-kind Contribution 1

Contribution (\$) _____

Source and Description of Contribution _____

Have these contributions been confirmed? Yes No

 In-kind Contribution 2

Contribution (\$) _____

Source and Description of Contribution _____

Have these contributions been confirmed? Yes
 No

 In-kind Contribution 3

Contribution (\$) _____

Source and Description of Contribution _____

Have these contributions been confirmed? Yes
 No

Terms & Conditions

By submitting this application the principal applicant agrees to: Upon receiving a notification of award, recipients must complete and return a signed acknowledgment form (Terms of Award) to the Office of Public Engagement indicating their decision to accept the funding. Acceptance of the award requires agreement with the fund's terms and conditions. A non-research project account must be established in the department of the applicant. Successful applicants must agree to submit a brief final report on the project/event within 30 days of completion using the reporting template Survey Apply. The VP AFA (Administration, Advancement and Finance) reserves the right to publish all, or part of, the application, project report, and/or include information from the application and/or reports in other publications. Successful applicants must agree to notify the Office of Public Engagement in the event of substantive changes to the funded project. Failure to complete the project per original proposal may result in the termination of award funding. Successful applicants must agree to return any unspent funds. Projects, events and/or activities must be completed within the timeframe as indicated in the application and within the overall fund's terms (Projects must begin no earlier than January 2025, and must be completed by May 30, 2026).

Additionally, for Stream B: Upon acceptance of award, recipients must enter the project information into Yaffle, and provide a brief Yaffle summary at project completion. Accept that project funds will be allocated in two installments. 70% percent of the funding will be released upon the receipt of a signed Terms of Award form; the remaining 30% (the "Holdback") will be released on completion of final project deliverables (Final Report and Yaffle Lay Summary)

I understand and agree to the Terms & Conditions above.