

100th Anniversary Funds - Stream A - Application Form

Please see fund guide for more information. Review the *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-Principal Applicant/Contact (if applicable)

Prefix Ms.
 Mr.
 Mrs.
 Dr.
 Mx.

First Name _____

Surname _____

Mailing address _____

Email _____

Telephone _____

Organization (if external) _____

Faculty/Department _____

Position _____

 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 _____

 Collaborators & Supporters

Applicants must provide the name of at least one authorized university supporter (Dean, Faculty Advisor or Department Head). Up to 3 other internal and external collaborators may be listed below.

 University Supporter Contact Information


Name _____


Faculty/Department _____

Email _____

Telephone _____

Has this supporter been confirmed? Yes
 No

 If you have any additional collaborators (Internal or External) 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

 Please refer to the FAQs for details on university supporter requirements. We may contact the people identified in this section.


 Project Information


 Project Title


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


 Project Summary

Please provide a brief description of the proposed project or initiative and indicate how it relates to Memorial's 100th Anniversary Theme "Looking Back, Launching Forth" (see fund guide) (max 300 words)


 Please provide an outline of planned activities and timeline and indicate potential benefits to the target groups specified within the fund guide. (max 300 words)


 Please select at least one of the strategic themes contained within Memorial University's Strategic Plan Transforming our Horizons. Briefly describe how your project or initiative fits with the selected theme. (Max 300)


 Please describe if there will be opportunities for public participation in your project or initiative. (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).

I understand and agree to the Terms & Conditions above.