 **Request for Internal Research Funds (IRF)**

|  |  |
| --- | --- |
| **Name of Faculty Member/Researcher:** |        |
| **Department:** |       |
| **McMaster Email Address:** |       |
| **Employee ID:** |       |
| **Source of Funding:** *(e.g., Department, Dean, etc.)* |       |
| **Are Certifications or Approvals required?:**  | [ ]  No [ ]  Yes**If yes,** specify type(s) and attach approval documents:  |
| [ ]  Human Subjects | [ ]  License for Research in the Field |
| [ ]  Animal Subjects | [ ]  Controlled Goods/Technology |
| [ ]  Biohazards | [ ]  Other:       |
| [ ]  Health Physics |
| **Reporting Requirements:***(please check all that apply)* | [ ]  No Reporting Required[ ]  Financial [ ]  Scientific/Progress  |
| **Eligible Expenses:** | Only Direct Costs of Research are eligible, in accordance with McMaster PoliciesIf there are any restrictions, please specify:       |
| **For Amendments Only, complete sections below** | **For New Projects Only, complete sections below** |
| **Provide existing Project ID #**:      | **Title:** e.g. McMaster Start-Up / Discretionary |
| **Amount of additional funding:**       | **Amount of Grant:**      *(e.g. $5,000 annually for 3 yrs; onetime $2,000, etc.)* |
| **Revised End Date (if applicable):**      *Unless otherwise specified, the end date will be 2050* | **Start Date:**      *Unless otherwise specified, the start date will be immediately* |
|  | **End Date:**      *Unless otherwise specified, the end date will be 2050* |
|  | **Unspent Funds:**[ ]  Researcher may keep funds after end date[ ]  Funds to be returned to source*If not specified, unspent funds will be returned to the source after the end date.* |

\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Administrator/Approver’s Signature

      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name and Title