# Lakehead University

**Canada Foundation for Innovation (CFI) Infrastructure Operating Fund (IOF) Application Form**

**Instructions: Project Leaders to complete and submit to the Office of Research Services**

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| Project Title(s): |  |
| CFI Project Number(s): |  |
| Project Leader(s): |  |
| Manager, Centrally Managed Facility (if applicable): |  |
| Amount of IOF Grant requested (up to 80%): |  |

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| --- | --- |
| **Detail by type of expenditure** | **Forecasted expenditures** |
|  | **April 1 – March 31:****For one-year period ending:** |
| March 31, 20 (Year 1) | March 31, 20 (Year 2) | March 31, 20 (Year 3) | March 31, 20 (Year 4) | March 31, 20 (Year 5) | March 31, 20 (Year 6 and onward) |
| Personnel – technical and other operational (attach **Certification of Salary of IOF Technicians and Professionals form)** |  |  |  |  |  |  |
| Supplies (maximum 10% of IOF funding annually and overall) |  |  |  |  |  |  |
| Maintenance and repairs |  |  |  |  |  |  |
| Services |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |

How many years remain in the useful life of the infrastructure funded through this award

(Useful life is the period of time over which the infrastructure is expected to provide benefits and be usable for its intended purpose, factoring in normal repairs and maintenance)?

Attachments:

1. **Budget Justification:** Attach a one page budget justification using the IOF expenditure categories. (For example, Personnel – a technician will be hired two days/week for three years to maintain xx piece of equipment). The budget justification should include a short description of proposed expenditures and justification of how these costs will ensure the infrastructure is well operated and maintained. For personnel costs, a Certification of Salary of IOF Technicians and Professionals form must also be attached.
2. **Exit Plan**: Provide details as to how operating funding will be obtained once the IOF funding has been exhausted.

**Confirmation of Award Conditions for Release of IOF**

**For Principal Investigators/Managers of Centrally Managed Research Facilities your signature below means:**

\*The information provided in this request is accurate.

\*The forecast presented is realistic and takes into consideration the most recent information at the time of submission.

\*The proposed IOF costs include only eligible incremental operating and maintenance costs directly related to the specified infrastructure project.

\*Proposed costs are related to infrastructure projects that are admissible under the IOF, as per Section 4.7 of the CFI Policy and Program Guide.

\*The infrastructure for which IOF funds are being asked to support is expected to be utilized for research purposes in the upcoming year.

\*Proposed IOF costs will not be reimbursed from another source.

\*Costs included in the IOF itemized list are based on Lakehead University’s usual tendering & purchasing policies and represent fair market value.

\*If applicable, the terms of the inter-institutional agreement governing this project have been respected in the preparation of IOF claim documents.

\*I understand that IOF funds may be claimed only once during the lifespan of this project but that cash-flow projections will be updated annually.

\*I understand that personnel expenditures through an IOF grant must meet IOF expenditure guidelines. A job description outlining responsibilities for operating and maintaining the CFI facility must be submitted during the employment of such personnel.

**\*I understand that if the CFI-funded equipment is located in a centrally managed lab, the IOF will be allocated to the manager of that facility for costs associated with operating and maintaining CFI infrastructure in that facility.**

**\*By signing this document, you are acknowledging that you agree to the application for CFI-IOF funding and that if the application is approved, any over expenditures or ineligible CFI-IOF expenditures will be the responsibility of the Project Leader and/or centrally managed facility where the equipment will be located.**

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| Project Leader | Date | Manager, Central Facility | Date |

**The signatures of the Department Chair and Dean indicate:**

\*I have reviewed the proposed IOF budget for this CFI project and find the costs appropriate alone, or in conjunction with other funding, sufficient for operation of the associated infrastructure.

\*I have reviewed the IOF request for this project and confirm that the infrastructure is sustainable over the

period indicated and that the indicated resources are available.

\*If applicable, costs normally paid through central university funds for operating expenses such as heating, electricity, security etc. have been identified and quantified.

Department Chair Date Dean Date

**Approval**

Vice-President Research, and Innovation Date