



## RESEARCH SUPPORT FUND Affiliated Organizations Validation Form

### INSTRUCTIONS FOR FILLING OUT THE FORM

The list of affiliated organizations provided will be used to identify all the credits that will be attributed to the applicant institution in the [grant calculation exercise](#) for the Research Support Fund. It is the applicant institution's responsibility to provide complete and accurate information.

### GENERAL INSTRUCTIONS

- Read the instructions on the program website prior to filling out this form (see both the [Program accountability and public acknowledgment](#) and the [Apply to the program](#) pages).
- Changes to this form (including corrections to errors) cannot be made once the form has been submitted to the program.
- Adjustments **will not** be made to an applicant institution's grant value in cases where incorrect information was provided in the form.
- Incomplete forms, or those that do not follow the instructions, will not be accepted.**
- Ensure that all sections of the form are complete prior to submission.
- Email the completed form in MS Word format only on or before the RSF [grant application deadline](#) to: [information@rsf-fsr.gc.ca](mailto:information@rsf-fsr.gc.ca). **IMPORTANT: Do not send the form as a PDF.**

### FILLING OUT SECTIONS 'E' AND 'F' OF THE FORM

- Applicant institutions **must** include the formal names of their affiliated organizations. Do not use acronyms or abbreviations.
  - Add as many rows as necessary to the tables in order to include all affiliated organizations. Place the cursor in the last row and column of the table and use the Tab key to add more rows; or, if you prefer, use the cut and paste function to add additional rows.
  - Enter only one affiliated organization name per row.** It is not necessary to identify the nature of the affiliation with the applicant institution; i.e., whether it is a primary affiliation, sub-affiliation or sub-sub affiliation.
  - Do not append any documents to this form. All affiliations must be entered into the appropriate sections and data fields of the form provided.**
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## SECTION A: APPLICANT INSTITUTION DETAILS

**Applicant Institution:** Lakehead University

**Date:** May 30, 2019

**Name:** Anne Klymenko

**Title:** Director, Research Services

**Telephone Number:** 807-343-8223

**Email Address:** anne.klymenko@lakeheadu.ca

## SECTION B: TERMS AND CONDITIONS OF RESEARCH SUPPORT GRANT FUNDING

It is agreed by submitting this form and applying for program funding that the conditions governing the Research Support Fund as outlined on the program website (<http://www.rsf-fsr.gc.ca/home-accueil-eng.aspx>) are hereby **accepted by the applicant institution and the future grantee** (i.e., president, rector, principal or other authorized representative of the applicant institution):

- The future grantee has reviewed the content of the form and attests that the information contained herein is accurate.
- The applicant institution confirms that it is eligible to receive funding from the Research Support Fund according to the program's [eligibility criteria](#).
- Expenditures will be authorized in accordance with program policies and requirements as outlined in the program's [financial administration guide](#), and no one will initiate or authorize expenditures from the grant account without the grantee's formal delegated authority.
- Where applicable, the transfer of funds to an affiliated organization(s) will take place only if a formal and valid affiliated organization agreement is in place for the current fiscal year.
- The applicant institution will continue to meet all [accountability and public acknowledgment requirements](#) during the granting period.
- The institution will meet all accountability, public acknowledgment and reporting requirements at the end of the granting period.

### CONFIRMATION OF GRANTEE

Name of Grantee (President, principal, rector or authorized representative of the institution):  
**Dr. Andrew P. Dean, Vice-President, Research and Innovation** **Date: May 30, 2019**

*Note: Entering the grantee's name and date on this form acts as the grantee's signature and confirms that all terms and conditions outlined above are accepted.*



**SECTION C: ACCOUNTABILITY AND PUBLIC ACKNOWLEDGMENT REQUIREMENTS**

- Applicant institutions that are eligible to apply for a Research Support Fund grant **at or above the value of \$25,000** must meet the program’s [accountability and public acknowledgment requirements](#). In the table below, provide the website link to the applicant institution’s web page where the Research Support Fund’s accountability and public acknowledgments requirements have been met.

| Accountability and Public Acknowledgment Requirements   | Applicant Institution’s Website Link  |
|---|---|
| <b>Public Acknowledgment</b>  | <a href="https://www.lakeheadu.ca/research-and-innovation/research-services/administer-funding/indirect-costs/research-support-fund-rsf">https://www.lakeheadu.ca/research-and-innovation/research-services/administer-funding/indirect-costs/research-support-fund-rsf</a>   |
| <b>Institutional Performance Objectives</b><br><i>(Research Support Fund grant at or above the value of \$530,000 only)</i> | <a href="https://www.lakeheadu.ca/research-and-innovation/research-services/administer-funding/indirect-costs/research-support-fund-rsf/rsf-performance-objectives">https://www.lakeheadu.ca/research-and-innovation/research-services/administer-funding/indirect-costs/research-support-fund-rsf/rsf-performance-objectives</a> |

- Provide an overview of the institution’s Research Support Fund [communications strategy](#). Note that at the end of the granting period, institutions must report on how they implemented their Research Support Fund communications strategy in their [annual outcomes report](#).

| <b>Research Support Fund Communications Strategy</b>   |
|--|
| <p>Lakehead University's Office of Research Services will take the lead in implementing the communications strategy for the federal Research Support Fund grant. Several strategies will be used:</p> <ul style="list-style-type: none"> <li>• Research stories will be written and featured on Lakehead's Research Support Fund website; the stories will speak to how the grant investment has had an impact in facilitating research excellence. A communications bulletin will be circulated to the entire university community to direct them to the Lakehead Research Support Fund website for further information.</li> <li>• The Research Support Fund will be acknowledged in all media releases for Tri-Agency research projects that received an investment through the RSF. The following Tri-Agency media releases acknowledged the funding from the Research Support Fund:<br/>           NSERC: <a href="https://www.lakeheadu.ca/about/news-and-events/news/archive/2017/node/44561">https://www.lakeheadu.ca/about/news-and-events/news/archive/2017/node/44561</a><br/>           SSHRC: <a href="https://www.lakeheadu.ca/about/news-and-events/news/archive/2017/node/44527">https://www.lakeheadu.ca/about/news-and-events/news/archive/2017/node/44527</a><br/>           CIHR: <a href="https://www.lakeheadu.ca/about/news-and-events/news/archive/2017/node/44426">https://www.lakeheadu.ca/about/news-and-events/news/archive/2017/node/44426</a></li> </ul> |



- Research Services will continue to provide an annual summary of Lakehead University's investments and examples of projects supported on our Institution's RSF website as part of our commitment to public accountability.

### SECTION D: NO AFFILIATED ORGANIZATIONS

- Check the appropriate boxes below (as applicable) if your institution **does not have any** health affiliated organizations or any other type of affiliations (i.e., no primary affiliations, sub-affiliations or sub-sub-affiliations).

|  |                          |
|--|--------------------------|
| <b>No affiliated hospital(s) or health research institute(s)</b> | <input type="checkbox"/> |
| <b>No other affiliated organization(s)</b>                       | <input type="checkbox"/> |

### SECTION E: AFFILIATED HOSPITAL(S) OR HEALTH RESEARCH INSTITUTE(S)

- Indicate in the table below all affiliated research hospitals and health research institutes. Add as many rows to the table as necessary to include all health affiliates.
- The terms and conditions of the program stipulate that [official and valid agreements](#) must be negotiated with **all** affiliated research hospitals and health research institutes for the grant year, irrespective of whether or not program funds are being shared with the affiliate. Confirm, by checking in the appropriate box, that a valid agreement for the grant year has been signed with each of these affiliated organizations, or that a valid agreement will be in place prior to any transfer of funds (if applicable). Institutions may be asked to provide a copy of these agreements to the Tri-agency Institutional Programs Secretariat at any time.
- If the applicant institution is not affiliated with any hospitals or health research institutes, check the box provided in 'section D' above.

|    | <b>Affiliated <u>hospital or health research institute</u></b>   | <b>Valid agreement in place for the grant year</b> | <b>Agreement will be in place prior to transfer of funds</b> |
|----|--|--|--|
| 1. | Thunder Bay Regional Health Research Institute (TBRHRI)  | x  | <input type="checkbox"/>                                     |
| 2. |  | <input type="checkbox"/>                           | <input type="checkbox"/>                                     |
| 3. | Add as many rows as necessary to include all health affiliates. Use the Tab key or 'cut and paste' function. | <input type="checkbox"/>                           | <input type="checkbox"/>                                     |



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## SECTION F: OTHER AFFILIATED ORGANIZATION(S)

- Indicate **all** other organizations affiliated with the applicant institution that meet the program definition of an [affiliate](#) (**excluding** any health research institutes listed above). Add as many rows to the table as necessary to include **all** affiliates (including primary affiliations, sub-affiliations, and sub-sub-affiliations). **Enter only one organization name per row.** If the institution does not have any 'other affiliations', check the box provided in 'section D' above.

| Other affiliated organizations (include all primary affiliations, sub-affiliations and sub-sub-affiliations) |  |
|--|--|
| 1.   | Northern Ontario School of Medicine (NOSM)   |
| 2.   |  |
| 3.   | Add as many rows as necessary to include all affiliates (use the Tab or cut and paste function). |