

AWARD AGREEMENT







General Instructions

Congratulations on receiving full approval from the CARIF Review Panel. To finalize your award, please complete the following agreement within one (1) week. This will allow CARIE and your Centre(s) to formally prepare for your project.

PART A - Researcher Information

Principal Investigator (P.I.)	
Name	
Centre or Department	
School / Unit	
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Co-P.I If Applicable	
Name	
Centre or Department	
School / Unit	

	Project
Project Title	
Start Date	
End Date	
Approved Award Amount	





PART B - Conditions of the Award

By accepting this funding, I/We...



Agree to make every effort to adhere to the project plan and deliverables as described in the proposal and as approved by the CARIF Review Panel. This includes any revisions required by the Panel.



Agree to adhere to <u>all Lethbridge College policies and procedures</u>, including but not limited to: <u>CARIF</u> <u>Guidelines</u> and the <u>Researcher Attestation</u>.

Acknowledge responsibility to complete the project on time and on budget.

Agree to submit a Final Report to CARIE within 1 month of the project's completion or termination.

Confirm that the following additional approvals are required prior to the release of funds:

	Required (Yes / No)	Anticipated Date of Approval
Animal Care Committee		
Research Ethics Board		
Biosecurity		
Other Example: Matching Funds Specify:		

Researcher Signature(s)

P.I.	Co-P.I.
Date:	Date:
Name:	Name:
Signature:	Signature:

BE READY.





PART C – Approvals

By signing, the Dean (or Leader) and Associate Dean acknowledge that course release/backfill will be accommodated if requested in the approved project budget. They also commit to monitoring the project's progress and providing mentorship to the applicant.

P.I.'s Associate Dean	Co-P.I.'s Associate Dean
Date:	Date:
Name:	Name:
Signature	Signature

P.I.'s Dean (or Leader)	Co-P.I.'s Dean (or Leader)
Date:	Date:
Name:	Name:
Signature	Signature

Manager, A	Manager, Applied Research Operations	
Date:		
Name:		
Signature		

CARIE Financial Analyst
Date:
Name:
Signature

