

Conseil de recherches en sciences humaines du Canada



SSHRC Exchange and SSHRC Explore

Letter of Intent (LOI)







THIS DOCUMENT IS FOR REFERENCE ONLY. THE <u>WEBFORM VERSION</u> MUST BE USED FOR ALL SUBMISSIONS.

Instructions

A Letter of Intent (LOI) is now part of the SSHRC Explore and SSHRC Exchange application process. The purpose is to streamline approvals prior to the start of an application; to assist Deans and Associate Deans with planning; and to alert CARIE to the number of expected applications and budget requests.

As you prepare your LOI, please consider the following:

- Applicants should carefully read the <u>SSHRC Explore and Exchange Guidelines</u> as this LOI must be prepared in accordance.
- The LOI must be approved by the respective: (a) Associate Dean, (b) Centre Dean and (c) Financial Analyst for the Centre.
- Approval of an LOI does not mean the full application will be approved by the SSHRC Selection Committee.
- The completed LOI must be received by CARIE by 4:00 PM on the SECOND Monday in January.





Applicant information

School or Unit			
Will the project included in the work of t			YES NO
Name of Co-Applicant			
School or Unit			
roject information Type of SSHRC	Grant	Explore	Exchange
Project Tit	le		
outcomes and deliver	ables. Briefly s		et including any expected the goals of your Centre search.



Are you planning to coordinate this project with a CARI application?	F	O YE	s O	NO
Provide a brief description of the project's expected expen course release is NOT an eligible expense.	ses. Pl e	ease note tl	hat	
		C		
Total estimated budget request				
ics and hazards				
Will this proposed project involve human subjects?		YES	0	NO
Will animals be used in the proposed project?		YES	\bigcirc	NO

Will animals be used in the proposed project at any

Will radioactive, biological, hazardous material or

other location?

lasers be used?



NO

NO

YES

YES

Approvals

Applicant's Associate Dean	Co-Applicant's Associate Dean		
Date:	Date:		
Name:	Name:		
Signature	Signature		
	Co-Applicant's Centre Dean		
Date:	Date:		
Name:	Name:		
Signature	Signature		
Applicant's Financial Analyst	Co-Applicant's Financial Analyst		
Date:	Date:		
Name:	Name:		
Signature	Signature		
icant acknowledgement			
☐ I hereby accept the terms and conditions as	outlined in the SSHRC Explore and Exchange		
Guidelines.	outlined in the <u>sorme Explore and Exchange</u>		
Applicant #1:	Co-Applicant:		
Date:	Date:		
Signature:	Signature:		

