**Application for Financial Assistance for Miscellaneous Research Activities**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. Applicant** | | | | | | |
| Name: | | Given name: | | | | |
| Department: Choose a department Other: Please specify | | | | | | |
| Status:  Assistant Professor  Associate Professor  Full Professor  Employed for less than 3 years | | | | | | |
| Email Address 🖂: | | | 🕿: | | | |
| **B. Eligibility** | | | | | | |
| Are you a chairholder? | | | | YES  NO | | |
| Do you hold special research funds (FSR) the balance of which is equal or superior to the requested amount? | | | | YES  NO | | |
| Do you hold a professorship with research funds ? | | | | YES  NO | | |
| **If you answered Yes to one of these questions and have been a professor at HEC Montréal for more than three years, you are generally not eligible for the Financial Assistance for Miscellaneous Research Activities Grant.** | | | | | | |
| **C. Type of activity** | | | | | | |
|  | Translation of research papers | | | | | |
|  | Revision of research papers | | | | | |
|  | Submission or evaluation of research papers | | | | | |
|  | Other research-related activities (specify) : | | | | | |
| **D. Activity** | | | | | | |
| Title of activity: | | | | | | |
| Description of activity (e.g. objectives, importance, timeline) | | | | | | |
| *Objectives*: | | | | | | |
| *Importance*: | | | | | | |
| *Timeline*: | | | | | | |
| **E. Expected outcomes of the activity** | | | | | | |
| **F. Actual need for funding (taking into account any existing funds and their commitment)** | | | | | | |
| **G. Application**  Amount requested:  $ | | | | | | |
| **Budget** | | | | | | |
| Description | | | | | Amount |  |
|  | | | | |  | $ |
|  | | | | |  | $ |
|  | | | | |  | $ |
|  | | | | |  | $ |
|  | | | | |  | $ |
| **TOTAL** | | | | |  | **$** |
| *1 Add lines to the budget if necessary.* | | | | | | |
| Budget justification | | | | | | |

|  |  |
| --- | --- |
| **H. Outcomes of previous grants**  Have you already received Financial Assistance for Miscellaneous Research Activities funding from HEC Montréal’s Research and Knowledge Transfer Office?  NO ☐  YES ☐ | |
| If yes, please list the outcomes from grants obtained over the last 5 years. | |
| Month/year obtained | Outcomes (Please enter the complete bibliographic record for each publication, if applicable.) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Date of application: Enter today’s date | |

Attach with application:

The summary or complete paper to revise or translate.

A copy of the estimate or bill for the translation or revision.

Other documents; (specify):

The form and attachments must be sent to [demande.recherche@hec.ca](mailto:demande.recherche@hec.ca)

Please allow at least 10 business days to process the application.