UNIVERSITY OF SASKATCHEWAN
College of Medicine
OFFICE OF THE VICE-DEAN RESEARCH
MEDICINE.USASK.CA/RESEARCH.PHP

Dean's Office Suite, College of Medicine
Box 19, 107 Wiggins Road
4A20 Health Sciences Building
Saskatoon, SK S7N 5E5

Emergency Equipment Fund Application

Application Deadline: Ongoing call

Please provide adequate information for each section. Save the application form to computer before starting to ensure the form works correctly. Compile all parts of the applications into one document and email to **ovdr.funding@usask.ca**.

Applicant Information			
Name:		NSID:	
Department:		Research Cluster:	

Application Information

Application Instructions

Arrange required application components in the following order and submit as one document to ovdr.funding@usask.ca

1. **Equipment Description (1 page):**
   a. A short description of the equipment
   b. The maintenance program in place to ensure optimal use of the equipment

2. **Equipment Usage (1 page + user list):**
   a. A justification of the request detailing the importance of the equipment for the researcher and other research projects requiring the use of equipment
   b. A justification must be provided explaining why alternative existing equipment is either unavailable or not feasible to use
   c. The list of research projects using the equipment that includes: the name of principal investigator and research project title

3. **Budget (1 page + Vendor Quotes):**
   a. A budget for the entire cost of repair, including any matching funds available
   b. A quote confirming the cost of the repair (quotes from three vendors may be required for purchases >$10,000 as per purchasing guidelines, however not required for this application)
   c. A copy of the original invoice with the purchase date of the equipment

Equipment Description

Please include:

- A short description of the equipment
- The maintenance program in place to ensure optimal use of the equipment

Equipment Usage

Please provide:

- A justification of the request detailing the importance of the equipment for the researcher and other research projects requiring the use of equipment
- A justification must be provided explaining why alternative existing equipment is either unavailable or not feasible to use

Impacted Individuals

Please include:
The list of research projects using the equipment that includes: the name of principal investigator and research project title. Add rows as required.

Principal Investigator	Research Project Impacted

Budget Summary

List all amounts inclusive of taxes (provincial and federal).

Summary of Total Amount Requested	
Repair Estimate	**$**