**ANNUAL CONTRIBUTION STATEMENT - PARTNERSHIP GRANTS**

**PLEASE NOTE:** Report only contributions made over the course of the past Fiscal Year (April 1st and March 31st).

**Project Directors:** Please complete Section 1 prior to distributing this form for completion by each contributor (host institution, partner organizations, other contributors).

**Partners and Other Contributors:** Please complete Section 2 and returnthe completed Annual Contribution Statement to the Project Director.

|  |  |  |  |
| --- | --- | --- | --- |
| Partnership Grant Project Title: | | | Fiscal Year Ending  March 31, 2014 |
| Project Director Name (in full): | University Account No. | Grant No. | |
| Host Institution Name, Return Address: | |  | |
| Email | |

|  |  |
| --- | --- |
| **SECTION 2**  Role (please select): Partner Other contributor ☐ Host institution ☐ | |
| Organization Name (in full): | |
| Contact Name (in full), Title: | |
| Address: | Telephone: |
| Email: |

**SECTION 1**

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTION TABLE** | **CASH** | **IN KIND** |
| **Personnel Costs** |  |  |
| **Student Salaries & Benefits / Stipends** |  |  |
| Bachelor's |  |  |
| Master's |  |  |
| Doctoral |  |  |
| **Non-student Salaries & Benefits / Stipends** |  |  |
| Postdoctoral Researcher(s) |  |  |
| Other Personnel |  |  |
| **Travel & Subsistence** |  |  |
| Team Members - Canadian Travel |  |  |
| Team Members - International Travel |  |  |
| Students - Canadian Travel |  |  |
| Student - International Travel |  |  |
| **Other Contributions** |  |  |
| Professional and Technical Services |  |  |
| Non-Disposable Equipment, Materials and Supplies |  |  |
| Other ( please specify) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Contributions, Current Year** $ |  |  |

I hereby certify that the above statement of contributions is correct.

(signed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact name