

## Concordia University - Financial Services Grant Authorization (Responsibilities) Form

**Please return completed form to Financial Services Business Process Office - fsmasterdata@concordia.ca**

Grant number\*:

*\* For multiple grants with identical delegation, please attach list of grant numbers.*

Funded Program number (WBS):

Internal Order number:

PI Name:

Full name of person who has authority for this grant	Signature	Indicate the <b>responsibility</b> of person ( PI, ASA, Viewer)*	Valid from:	Valid to:
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- 1.
- 2.
- 3.

\* As per University Policy on Contract Review, Signing and Required Approvals: <https://www.concordia.ca/content/dam/common/docs/policies/official-policies/BD-1.pdf>

Additional comments

CANCELLATION OF SIGNING AUTHORITY

Full name of person whose access should be removed	Indicate the <b>responsibility</b> of person ( PI, ASA, Viewer)*	Valid from:	Valid to:
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- 1.
- 2.

I hereby declare that the delegate signing authority is the superior of the individual who has signing authority (at least one hierarchical level up); or the person named in an “acting” capacity to replace the position held by the regular signing authority.

1. I agree that all members I authorize to view or be an alternate signing authority on my grant will have access to all the tiles on the researcher dashboard. They will have access to information including but not limited to: employee ID, hourly wages, hourly payments, notice of awards, contracts data sheets and notice of changes. I undertake to inform the individuals who I authorize that such information may be sensitive and confidential in nature and that they must take appropriate measures to ensure that such information is not disclosed to others.
2. The delegate signing authority shall comply with all terms and conditions stipulated in the grant or contract. The delegate signing authority further agrees to treat all information to which they are provided access as confidential, including but not limited to, the terms and conditions of any contract with third parties and any project information contained in any contract.
3. The delegate signing authority shall use the funds only for the purpose for which they were awarded.
4. In the case of Tri-Agency research grants, only the grant recipient can delegate authority to use the grant funds. The grant recipient affirms, by signing this form, that the delegate possess the skills and knowledge necessary to exercise the role effectively.

**Signatures (Please print and sign) | Approved by:**

*Printed Name*

*Title*

*Signature (Principal Investigator or Financial Manager)*

*Date (MM/DD/YYYY)*