

University of Manitoba Award Certificate Form

With this form duly completed and signed, you are herewith agreeing that the nature of the payment to the recipient is of an award or other form of financial assistance (see note immediately below on exclusions under financial assistance) for the express purpose to further the education and training or research of the recipient as a student or postdoctoral scholar **duly registered** at the University of Manitoba. All remuneration received by the recipient for the performance of employment duties is **outside of the scope of this agreement** and will be treated separately from this payment.

PERSONAL INFORMATION

Recipient Name (Last/First/Title):	Student/Staff ID:
Department:	
Award/Financial Assistance Name:	Total Award/Financial Assistance Amount:

We, the undersigned, certify that all of the following conditions apply to this award/financial assistant payment.

- The recipient is duly registered as a student or postdoctoral scholar at University of Manitoba.
- The recipient does not hold academic/professional rank as an additional appointment at the University of Manitoba.
- The recipient is not required as a condition of the award to work for any of the donors during or after the award period.

9 Education and Training

- The primary purpose of the award or financial assistance is to further the education and training of the recipient in his or her individual capacity.
- All responsibilities of the recipient as per the terms of the award or financial assistance must relate to training and studies as a student or postdoctoral scholar.

9 Research

- The primary purpose of the fellowship is to further the research of the recipient in his or her individual capacity.
- All responsibilities of the recipient as per the terms of the award must relate to research as a student or postdoctoral scholar.

And further we fully understand that the payment of this award is not considered to be employment income. As such the amount:

- is not eligible for the University benefits plans including, but not limited to Group Life, Health, Dental, LTD and Pension.
- is not eligible for federal and provincial government deductions and benefits such as: Employment Insurance, Pension, Parental Insurance Plan and Medicare.
- is not subject to the 6% vacation pay or any form of vacation accrual or payment.
- will not entitle the awardee to collect Employment Insurance upon completion of the payment.
- will be recorded on a T4A.

We understand that the tax treatment of this payment is subject to assessment and verification by the Income Tax Authorities and that a false declaration is considered to be a serious offence.

REQUIRED SIGNATURES

Recipient Signature:	Print Name:	Date:
Grantee or Primary Signing Authority Signature:	Print Name:	Date:
*Department Head/ Designate Signature:	Print Name:	Date:

*The Department Chair or Designate should represent the department processing the award payment.

FOR DEPARTMENTAL USE ONLY

FOAPAL:	Amount via Internal Funding Form:
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Note:

- This form must be completed for payments of scholarships, bursaries, fellowships, research grants or prizes except when the transaction is conducted by the Financial Aid & Awards Office of Enrolment Services.
- This form must be completed for the initial appointment / payment and any subsequent reappointments or renewals.
- This form is to be retained by the department for audit purposes for 7 years.
- **The Payroll Department will not retroactively change "AWARD" type income to "EMPLOYMENT" income or vice versa to gain an advantage from a different type of payment.**

Cross Reference: Payment of Scholarships, Bursaries, Fellowships, Research Grants, or Prizes Procedure