



For Administration Use Only		
FAS #:	Grant #:	Date Received:

This form has been designed to be completed using Adobe Acrobat or Adobe Reader.

- 1) For *government and non-profit grant applications* and *UBC internal funding applications*, please submit this form to the **Office of Research Services**, #102-6190 Agronomy Road, Vancouver, BC V6T 1Z3 or ors@ors.ubc.ca. **Applications must be submitted to ORS at least two full working days prior to the sponsor competition deadline to ensure that they can be reviewed.** See www.ors.ubc.ca/internal-deadlines.
- 2) For *all other funding*, please submit to the **University-Industry Liaison Office**, #103-6190 Agronomy Road, Vancouver, BC V6T 1Z3 or srq@uilo.ubc.ca.
- 3) **For the UBC Okanagan Campus**, please submit to 336 Fipke Building, 3333 University Way, Kelowna, BC Canada V1V 1V7.

A. UBC Principal Investigator	
Name:	Faculty:
Tel:	Department:
Email:	Division:
Academic Rank:	Is this a term position? Yes No

B. Project Details Attach a full copy of the application form, or a budget and proposal/workplan if an application form is not required.

Title:	
Original Funding Source: <i>(Where project's funds originate)</i>	
Primary Funding Source: <i>(from where UBC is receiving project funds)</i>	Same as Original Funding Source above Other. Please specify:
All additional funding sources: <i>(If applicable)</i>	
Funding Program (if applicable):	Application Deadline (if applicable):
If this is a student or trainee fellowship, please enter recipient name:	

Budget. Please detail all **cash** to be received by UBC for this project (**do not include in-kind contributions**)
The PI must include indirect costs as per UBC Policy LR2. Visit www.research.ubc.ca/indirect-costs for more details.

<input type="checkbox"/> Government	Direct Costs:\$	Indirect Costs:\$	Total Cash:\$
<input type="checkbox"/> Non-profit	Direct Costs:\$	Indirect Costs:\$	Total Cash:\$
<input type="checkbox"/> Industry	Direct Costs:\$	Indirect Costs:\$	Total Cash:\$
<input type="checkbox"/> UBC (Internally-funded)			Total Cash:\$

If an administrative unit fee has been included as a direct cost, please specify the rate:

Project length (months):

If this project is primarily conducted at an approved institute or centre, please select:
 In which faculty/department/division/institute or centre will the Grant be set up?:

Indicate main Institutions (UBC or formally affiliated institution) where research activity for the project will be undertaken (% at each):

<input type="checkbox"/> UBC Vancouver Campus	%	<input type="checkbox"/> UBC Okanagan Campus	%	<input type="checkbox"/> Interior Health Authority	%
<input type="checkbox"/> BC Cancer Agency	%	<input type="checkbox"/> BC Centre for Disease Control	%	<input type="checkbox"/> Providence Health Care Research Institute	%
<input type="checkbox"/> BC Mental Health & Substance Use Services Research Institute	%	<input type="checkbox"/> Women's Health Research Institute	%		
<input type="checkbox"/> BC Children's Hospital Research Institute	%	Fraser Health Authority	%	<input type="checkbox"/> Vancouver Coastal Health Research Institute	%

For non-clinical projects, all funding will be held at UBC. *If this is a clinical project*, please indicate where the Grant will be held:
 UBC Other (please specify):

C. Resource Implications

Building(s) and Room(s) to be used as research space for this project:

Resource implications for:	Dept or School	Centre	Dept/School & Centre (required for Life Sciences Centre)	To be confirmed
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Mandatory only for Faculty of Medicine

Is this a community-based research project? No Yes

Will HQP be involved in the Project? No Yes Don't know If yes, please indicate estimated numbers below.

Undergraduate Students:____ Graduate Students:____ Post-docs:____ Technicians:____ Research Associates:____ Other: ____

D. Certifications & Approvals

Does the project involve the use of humans, animals or biohazardous materials?
 No - Please proceed to **Section E** Yes - The project requires a Certificate of Approval referencing the exact project title, collaborator and sponsor names. Please provide certificate/approval details or indicate "pending" below:

The Project involves the following (please select all that apply):

	Certificate/Application Number		Certificate/Application Number
Humans	_____	Animals	_____
Clinical Study Drug	_____	Biohazardous Materials	_____
Clinical Study Device	_____	Radioactive Materials	_____
Hospital Review	_____	Environmental Impact	_____

Please login to RISe rise.ubc.ca to submit an amendment to add this Project to an existing approval.

E. Type of Funding

Is this Research Project Information Form accompanying an attached **grant application form**?
 No - Please proceed to **Section F** Yes - Please go to **Section I** (Signatures)

F. Contact (for Primary Funding Source identified in Section Bii)

Company/Organization:	Contact Name:
Tel: _____ Fax: _____	Address:
Email: _____	

G. Conflict of Interest

Are you aware of any conflicts of interest that may have a bearing on this project?
 No - please proceed to **Section H** Yes - please check applicable boxes below:

	UBC Principal Investigator	UBC Co-Investigator(s)	UBC Student(s)
Seat on Board of Directors			
Seat on Scientific Advisory Board			
Any Role within the Company			
Shares in Sponsor Company			
License / Option Agreement			
Non-Disclosure Agreement			
Consulting Agreement			
Other conflicts of interest:			

Please note that all conflicts of interest and conflicts of commitment must be disclosed annually and managed as per UBC Policy SC3.

H. Additional Information

Will you be using any proprietary or confidential materials or information in the project?
 No Yes - please specify:
 Source of Material:

 Nature of Material:

Are you conducting any research for another collaborator or sponsor that might overlap with this project?
 No Yes - please describe below:

Will any employees of the collaborator or sponsor be participating in the project? No Yes
 If yes, will they be participating on site at UBC? No Yes

I. Signatures

In accordance with UBC LR2, holders of UBC research Grants must be members of the permanent academic staff. For details on exceptions, please refer to [LR2 #4.1.1 to 4.14](#).

Principal Investigator

I understand that Indirect Costs must be included in the budget as per UBC Policy LR2.

Signature:

Or click box to
add scanned
signature

Name:

Date:

I hereby authorize a Grant to be set up for each funding source listed in Section B, as required, with indirect costs recovered as specified in the budget section of this document.

Department / Unit Head
or authorized signatory

Signature:

Or click box to add scanned signature

Name:

Title:

Date:

Centre Director required for all research
projects primarily involving a Centre or
Institute

Signature:

Or click box to add scanned signature

Name:

Date:

Centre or
Institute:

Dean (not required in the UBC Vancouver
Faculties of Science or Applied Science) or
authorized signatory

Signature:

Or click box to add scanned signature

Name:

Title:

Date:

For industry and non grant funding only

I also authorize future
budget increases as
may be applicable for
this project

Initials:

Or click box to add scanned signature

I cap the budget increase amount
without further signatures at:
\$

For industry and non grant funding only

I also authorize future
budget increases as
may be applicable for
this project

Initials:

Or click box to add scanned signature

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Initials:

Or click box to add scanned signature

I cap the budget increase amount
without further signatures at:
\$

For Faculty/Department Use – for internally funded projects, attach project summary and budget pages and provide the following information:

Funding Source Account Worktag:

Is source Account Worktag restricted?

Yes

No

Project Start Date:

Project End Date:

For internally-funded projects, should remaining funds at end of project be returned to the funding source Account Worktag?

Yes

No

Signature of signing authority for funding source Account Worktag:

Or click box to
add scanned
signature

Name:

Date:

For Research Services (ORS) Internal Use Only

Director (ORS) Signature

Name:

Date: