



For Administration Use Only		
FAS #:	Account #:	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](mailto: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](http://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 [srg@uilo.ubc.ca](mailto:srg@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? <input type="radio"/> Yes <input type="radio"/> 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:

i) Original Funding Source: (Where projects funds originate)	
ii) Primary Funding Source: (From where UBC is receiving project funds)	<input type="radio"/> Same as Original Funding Source above <input type="radio"/> Other. Please specify:
iii) All additional funding sources: (If applicable)	

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 #87.** Visit [www.research.ubc.ca/indirect-costs](http://www.research.ubc.ca/indirect-costs) for more details.

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

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 account be set up?: \_\_\_\_\_

Indicate main Institution (UBC or formally affiliated institution) where research activity for the project will be undertaken:

UBC Vancouver Campus   
  UBC Okanagan Campus   
  Interior Health Authority   
  BC Cancer Agency  
 BC Centre for Disease Control   
  Providence Health Care Research Institute   
  BC Mental Health & Addictions Research Institute  
 Women's Health Research Institute   
  BC Children's Hospital Research Institute   
  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 funding account 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

**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
<input type="checkbox"/> Humans	_____	<input type="checkbox"/> Animals	_____
<input type="checkbox"/> Clinical Study Drug	_____	<input type="checkbox"/> Biohazardous Materials	_____
<input type="checkbox"/> Clinical Study Device	_____	<input type="checkbox"/> Radioactive Materials	_____
<input type="checkbox"/> Hospital Review	_____	<input type="checkbox"/> Environmental Impact	_____

Please login to RISe [rise.ubc.ca](http://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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat on Scientific Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Role within the Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares in Sponsor Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License / Option Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Disclosure Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consulting Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 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 #97.

**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 Policy #87, holders of UBC research and trust accounts must be members of the permanent academic staff. Accounts may be opened for lecturers or research associates, if allowed by the sponsor, and at the specific request of the Dean.

**Principal Investigator**

I understand that Indirect Costs must be included in the budget as per UBC Policy #87.

Signature:	Or click box to add scanned signature	<input type="text"/>
Name:	Date:	

I hereby authorize an account 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 is document.

<b>Department / Unit Head</b> or authorized signatory	<b>Centre Director</b> required for all research projects primarily involving a Centre or Institute	<b>Dean</b> (not required in the UBC Vancouver Faculties of Science or Applied Science) or authorized signatory
Signature:	Signature:	Signature:
Or click box to add scanned signature	Or click box to add scanned signature	Or click box to add scanned signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name:	Name:	Name:
Title:	Date:	Title:
Date:	Centre or Institute:	Date:

<b>For industry and non grant funding only</b>	<b>For industry and non grant funding only</b>	<b>For industry and non grant funding only</b>
I also authorize future budget increases as may be applicable for this project	I also authorize future budget increases as may be applicable for this project	I also authorize future budget increases as may be applicable for this project
Initials: <input type="text"/>	Initials: <input type="text"/>	Initials: <input type="text"/>
Or click box to add scanned signature	Or click box to add scanned signature	Or click box to add scanned signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
I cap the budget increase amount without further signatures at: \$	I cap the budget increase amount without further signatures at: \$	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 PG#:	Is source PG restricted?	<input type="radio"/> Yes <input type="radio"/> No
Project Start Date:	Project End Date:	
For internally-funded projects, should remaining funds at end of project be returned to the funding source PG? <input type="radio"/> Yes <input type="radio"/> No		
Signature of signing authority for funding source PG:	Or click box to add scanned signature	Name:
	<input type="text"/>	Date:

**For Research Services (ORS) Internal Use Only**

Director (ORS) Signature		
<input type="text"/>	Name:	Date: