



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. 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 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 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 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.

Department / Unit Head or authorized signatory	Centre Director required for all research projects primarily involving a Centre or Institute	Dean (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:

For industry and non grant funding only	For industry and non grant funding only	For industry and non grant funding only
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: