THE UNIVERSITY OF BRITISH COLUMBIA

RESEARCH PROJECT INFORMATION FORM

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? ○ 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:

i) Original Funding Source: (Where project's funds originate)	
ii) Primary Funding Source: (From where UBC is receiving project funds)	○ Same as Original Funding Source above ○ 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 LR2. Visit **www.research.ubc.ca/indirect-costs** for more details.

☐ Government	Direct Costs:$ _____	Indirect Costs:$ _____	Total Cash:$ _____
☐ Non-profit	Direct Costs:$ _____	Indirect Costs:$ _____	Total Cash:$ _____
☐ Industry	Direct Costs:$ _____	Indirect Costs:$ _____	Total Cash:$ _____
☐ 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):

☐ 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 & Substance Use Services 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 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

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	☐	☐	☐

Please note that all conflicts of interest and conflicts of commitment must be disclosed annually and managed as per UBC Policy #97.

☐ Other conflicts of interest:

_____

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	**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
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 Initials:	I also authorize future budget increases as may be applicable for this project Initials:	I also authorize future budget increases as may be applicable for this project Initials:
Or click box to add scanned signature	Or click box to add scanned signature	Or click box to add scanned signature
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 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   Name:
                         add scanned
                         signature   Date:

For Research Services (ORS) Internal Use Only

Director (ORS)   Signature

                                            Name: Date: