

Sample Grant Letter and Terms (from Company to UBC and VCHA)

(Company Letterhead)

(Date)

Managing Director
University-Industry Liaison Office
The University of British Columbia
#331 – 2194 Health Sciences Mall
Vancouver, British Columbia
Canada V6T 1Z3

and

Vice President, Research
Vancouver Coastal Health Authority
VGH Research Pavilion
828 West 10th Avenue
Vancouver, British Columbia
Canada V5Z 1L8

Attention: Heather Birarda, VGH Research Pavilion (see VCHA address above)

Dear Ms. _____ :

**RE: Grant-In-Aid Support for Dr. (_____) UBC Dept of _____
Clinical Trial entitled “_____”**

We are pleased to provide Grant-In-Aid support in the amount of \$XXXXX for Dr. _____'s use on the above-noted researcher initiated Clinical Trial, and agree to the following terms and conditions:

1. The researcher will provide reports and carry out the work within the period specified in the Proposal (*to be attached*).
2. UBC owns any and all right, title and interest in and to any information, results, data, inventions, improvements, or any other intellectual property, whether patentable or not, arising from the research.
3. UBC and VCHA will not be restricted from presenting publications at symposia, national or regional professional meetings, or from publishing in journals or other publications, accounts of the Research.
4. The assistance of the Sponsor will be acknowledged (unless the Sponsor requests otherwise in writing) in any publication arising from the Clinical Trial.
5. The Sponsor will be permitted to copy and distribute any reports prepared for the Sponsor.
6. The funds will only be used for those expenses which are required to carry out the Research and which are in accordance with the University's regulations governing the use of grant funds. (*Required if Project Grant is opened at UBC. If account is to be opened at the hospital, amend accordingly.*)
7. Payment must be made in advance. (*Payment schedule is acceptable.*)

Term: _____ to _____

Payment Schedule: _____



**UNIVERSITY-INDUSTRY
LIAISON OFFICE**

IRC Room 331
2194 Health Sciences Mall
Vancouver, BC, Canada V6T 1Z3

Tel: (604) 822-8580
Fax: (604) 822-8589
Web: www.uilo.ubc.ca

If you have any questions, please contact me directly at (604) 123-4567.

Sincerely,

Mr./Ms. _____
Authorized Signatory

Encls (2) (Cheque and copy of proposal)

Copy: Dr. _____, UBC Department of _____