

FAS	DATE RECEIVED
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GRANT APPLICATION COVER SHEET for VCH STAFF

PRINCIPAL INVESTIGATOR: Surname, Given Name(s)		PHONE NUMBER(S)	FAX NUMBER
JOB TITLE		E-MAIL ADDRESS	
VCH PROGRAM		VCH DEPARTMENT	
VCH HSDA: <input type="checkbox"/> Vancouver Acute <input type="checkbox"/> RHS <input type="checkbox"/> Coastal <input type="checkbox"/> Vancouver Community <input type="checkbox"/> Corporate Services			
CO-INVESTIGATORS: (Name, Phone Number, Program/Department, and HSDA)			

AMOUNTS REQUESTED:			
Year 1 \$	Year 2 \$	Year 3 \$	TOTAL \$
FUNDING AGENCY/COMPANY:			DEADLINE DATE: <input type="checkbox"/> New <input type="checkbox"/> Renewal
TYPE OF GRANT: <input type="checkbox"/> Operating Grant <input type="checkbox"/> Equipment Grant <input type="checkbox"/> Scholarship (Faculty) <input type="checkbox"/> Fellowship (Student/PDF) <input type="checkbox"/> Other (Specify:)			
TITLE OF PROJECT:			
UNIVERSITY AND VCH REVIEWS REQUIRED (CHECK IF YES):			
<input type="checkbox"/> Human Subjects Will Be Used		Certificate #	
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<input type="checkbox"/> Animal Subjects Will Be Used		Certificate #	
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<input type="checkbox"/> Biohazardous Materials Will Be Used		Certificate #	
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<input type="checkbox"/> Radioactive Materials Will Be Used		Certificate #	
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<input type="checkbox"/> VCH Approval(S) To Conduct Research		Certificate #	
LOCATION(S) WHERE RESEARCH WILL BE CARRIED OUT:			
<input type="checkbox"/> Vancouver Acute <input type="checkbox"/> RHS <input type="checkbox"/> Coastal <input type="checkbox"/> Vancouver Community <input type="checkbox"/> Corporate Services <input type="checkbox"/> OTHER:			
<input type="checkbox"/> Resource Implications Through Your VCH Program/Dept. <input type="checkbox"/> Resource Implications Through Other:		RESEARCH SPACE (to conduct this project) Building(s) Room(s)	
PRINTED NAME		SIGNATURE	DATE
Principal Investigator		-----	-----
Program Director/Supervisor		-----	-----
VP Research, VCHRI		-----	-----
Dr. Robert McMaster		-----	-----
VCHRI Research Services		-----	-----
Sameera Wazir		-----	-----

PLEASE NOTE: Every application for funds (new or renewal) must be signed, in the following order;
by the Principal Investigator, the Program Director or Supervisor, VP Research, VCHRI, and VCHRI Research Services