## **START UP GRANT REQUEST FORM**

Faculty:	
Faculty contact:	
Faculty contact phone:	

TO BE COMPLETED BY FACULTY								
Faculty Member (Surname, First Name)	EmployeeID (7 digit)	Start Date (DD / MMM / YY)	DeptID#	Shadow Budget Amount	Award Start Date (DD / MMM / YY)		Funding Source P/G	
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## Eligibility criteria:

- i) One-time allocation to newly appointed faculty commencing on or > Apr 1st
- ii) All funds must be transferred to a start-up P/G
- iii) Funds from the shadow start up account can be used for the UBC match portion of CFI LOF grants
- iv) VPA will carry-forward faculty allotments for faculty's future use

## **Instructions:**

- i) Select Faculty from drop-down menu, enter Faculty contact & Faculty contact phone number
- ii) Complete one row (A10 thru F10) per researcher
- iii) Forward to VPA Office: evelyn.lomba@ubc.ca OR bill.tee@ubc.ca

TO BE COMPLETED BY VPA OFFICE				
Funding Source	"R" Fund Code			