



RESEARCH PROJECT INFORMATION FORM

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 119 Administration Building, 3333 University Way, Kelowna, BC Canada V1V 1V7.

A. UBC Principal Investigator	
Name:	Academic Rank:
Tel:	Faculty:
Email:	Department:
Address:	Division:

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	Total Cash: \$		Indirect Costs Amount: \$	
<input type="checkbox"/> Non-profit	Total Cash: \$		Indirect Costs Amount: \$	
<input type="checkbox"/> Industry	Total Cash: \$		Indirect Costs Amount: \$	
<input type="checkbox"/> UBC (Internally-funded)	Total Cash: \$			

Project length (months): _____

Indicate main Institution (UBC or formally affiliated institution) where research activity for the project will be undertaken:

<input type="radio"/> UBC Vancouver Campus	<input type="radio"/> UBC Okanagan Campus	<input type="radio"/> BC Cancer Agency
<input type="radio"/> BC Centre for Disease Control	<input type="radio"/> Providence Health Care Research Institute	<input type="radio"/> BC Mental Health & Addictions Research Institute
<input type="radio"/> Child & Family Research Institute	<input type="radio"/> Women's Health Research Institute	<input type="radio"/> 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 (mandatory only for faculties of Medicine, Science and Applied Science)
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UBC Building(s) and Room(s) to be used as research space for this project: _____

Mandatory only for Faculty of Medicine

Resource implications for: Dept or School Centre Dept/School & Centre (required for Life Sciences Centre) To be confirmed

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:

Does the Project involve:

	Certificate/Application Number		Certificate/Application Number
Humans? <input type="radio"/> No <input type="radio"/> Yes	_____	Animals? <input type="radio"/> No <input type="radio"/> Yes	_____
Clinical Study Drug? <input type="radio"/> No <input type="radio"/> Yes	_____	Biohazardous Materials? <input type="radio"/> No <input type="radio"/> Yes	_____
Clinical Study Device? <input type="radio"/> No <input type="radio"/> Yes	_____	Radioactive Materials? <input type="radio"/> No <input type="radio"/> Yes	_____
Hospital Review? <input type="radio"/> No <input type="radio"/> Yes	_____	Environmental Impact? <input type="radio"/> No <input type="radio"/> Yes	_____

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

Name:

Date:

I hereby authorize an account to be set up for each funding source listed in Section B, as required.

Department / Unit Head
or authorized signatory

Signature:

Or click box to add scanned signature

Name:

Date:

Title:

Centre Director (Faculty of Medicine Only -
required for all research projects involving a
Centre or Institute, with the exception of
Student Fellowships)

Signature:

Or click box to add scanned signature

Name:

Date:

Dean (not required in the UBC Vancouver
Faculties of Science or Applied Science) or
authorized signatory

Signature:

Or click box to add scanned signature

Name:

Date:

Title:

For industry or non-profit accounts only

I also authorize future
budget increases as
may be applicable for
this project

Initials:

Or click box to add scanned signature

I cap the budget increase amount
without further signatures at: \$

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For industry or non-profit accounts only

I also authorize future
budget increases as
may be applicable for
this project

Initials:

Or click box to add scanned signature

I cap the budget increase amount
without further signatures at: \$

For Faculty/Department Use – for internally funded projects, provide the following information:

Funding Source PG#:

For internally-funded projects, should remaining funds at end of project be returned to the funding source PG? Yes No

Signature of signing authority for funding source PG:

Or click box to
add scanned
signature

Name:

Date: