

2014 Innovation and Translational Research Awards Competition RESEARCH MODULE

This is an auto-fill form, using drop-down lists and text fields. For text fields you can either type directly onto the form, or cut and paste from another file. All text will display in Arial 11 format, and no other formatting (e.g. bold) is possible.

Principal Investigator (PI) Last Name	Principal Investigator (PI) First Name
Email Address	VCH Research Institute Centre/Program/Cluster
Clinical Department/Program (if applicable)	Clinical Position (if applicable)
Academic Department (if applicable)	Academic Rank (if applicable)
Work Mailing Address (include street, building, room number, and postal code)	
Work Phone Number	Work Fax Number
Project Title	
Location of Research Activity Health Service Delivery Area (HSDA): Building:	

Co-Investigators (add more pages if needed)

Name		Name	
Title		Title	
Organization		Organization	
Signature	Date	Signature	Date

Name		Name	
Title		Title	
Organization		Organization	
Signature	Date	Signature	Date

Name		Name	
Title		Title	
Organization		Organization	
Signature	Date	Signature	Date

Principal Investigator Signature

Name	
Signature	Date

Academic or Department Head

Name	
Department	
Signature	Date

Clinical Department Head

Name	
Department	
Signature	Date

UBC Faculty Dean – to be completed by VCHRI after submission

Name	
Faculty	
Signature	Date

UBC Office of Research Services – to be completed by VCHRI after submission

Name	
Title	
Signature	Date

1. Summary of Research Proposal

Summarize the objectives and research plan. Please use only the space provided.

2. Lay Abstract

Provide lay (non-technical) summary of your project in simple and clear language suitable for lay audience/press release. Include a detailed statement of how your project will (1) bring new knowledge into practice and/or policy; or (2) take research outcomes to the implementation stage; or (3) create commercial opportunities from pre-existing research outcomes. Please use only the space provided.

Note: If your proposal is funded, this abstract will appear on the VCH Research Institute website and various VCH and Foundation publications. Please do not include anything that might compromise future protection of intellectual property or patenting.

3. Research Project Team

Clearly describe the various roles and responsibilities of all team members listed, and your team's capacity to complete this two-year project. Please use only the space provided.

4. Project Budget

Applications will be considered for a maximum of \$50,000 for two-year projects. Awards are non-renewable.

Important Notes:

Release Time: For VCH health care professionals, release time is an eligible expense within the budget, to a maximum of 50% of the total budget. Note: All potential release time arrangements must be approved by your supervisor/ manager before submission.

Hiring Personnel: This should include the rate, benefits and estimated hours.

Travel: Travel costs are not eligible expenses and will be removed from the budget.

Research Equipment: Research equipment costs are not eligible expenses and will be removed from the budget.

In-kind contributions: Must be accompanied by a letter of support.

Item	Amount requested from this competition	Amount of in-kind contributions, if applicable.
Personnel		
Materials and supplies		
Communications and publications		
Other (specify)		
Total value of in-kind contributions		
Total requested from this competition (maximum \$50,000)		

5. Budget Justification

Provide details and justification of requested funds listed in the budget on the previous page.

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