

## COVID-19 Research Fund Research Module

Principal Investigator (PI) Last Name

Principal Investigator (PI) First Name

Email

Phone (work)

VCH Clinical Department/Program

VCH Clinical Position

Academic department & division

Academic Rank

VCHRI research centre/program/area

Work Mailing Address (include street, building, room number, and postal code)

Project Title

Location of Research Activity (building, site, and VCH)

Primary Contact: Name

Primary Contact: Email

IN PARTNERSHIP WITH

## SIGNATURE PAGES

Co-Investigators (add more pages if needed)

Name (last name, first name)

Name (last name, first name)

Title

Title

Organization

Organization

Signature

Signature

Date

Date

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Name (last name, first name)

Name (last name, first name)

Title

Title

Organization

Organization

Signature

Signature

Date

Date

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**Principal Investigator Signature**

Name (last name, first name)

Signature

Date

# SIGNATURE PAGES

## Academic Department Head

Name (last name, first name)

Department

Signature

Date

## Clinical Department Head

Name (last name, first name)

Department

Signature

Date

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## UBC Faculty Dean

Name (last name, first name)

Faculty

Signature

Date

## UBC Office of Research Services

Name (last name, first name)

Title

Signature

Date

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## 1. Project Budget

**Important Note:** Refer to Guidelines and Guidance Notes for budget criteria.

<b>Item</b>	<b>Amount</b>	<b>In-kind contributions</b>
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Personnel		
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Equipment, Services and Supplies		
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Knowledge Translation		
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Participant Honorarium & Other (specify)		
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<b>Total value of in-kind contributions</b>		
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<b>Total requested</b>		
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## **2. Budget Justification**

Provide details and justification of request funds listed in the budget on the previous page.  
Character count limitation: 2000