### Innovation and Translational Research Awards Research Module

Principal Investigator (PI) Last Name

Principal Investigator (PI) First Name

Email

Phone (work)

VCH/PHC Clinical Department/Program

VCH/PHC Clinical Position

Academic department & division

Academic Rank

VCHRI or PHC 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/PHC)

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                         |
| Name (last name, first name) | Name (last name, first name) |
|                              |                              |
| Title                        | Title                        |
|                              |                              |
| Title                        | Title                        |
| Title<br>Organization        | Title<br>Organization        |

Signature

Name (last name, first name)

# SIGNATURE PAGES

| Academic Department Head                                |      | Clinical Department Head                                    |       |
|---|------|---|-------|
| Name (last name, first name)                            |      | Name (last name, first name)                                |       |
| Department  |      | Department  |       |
| Signature   | Date | Signature   | Date  |
|   |      |   |       |
|   |      |   |       |
| UBC Faculty Dean  |      | UBC Office of Research Serv                                 | vices |
| <b>UBC Faculty Dean</b><br>Name (last name, first name) |      | UBC Office of Research Serv<br>Name (last name, first name) | vices |
| -   |      |   | vices |

# 1. Summary of Research Proposal

Summarize the objectives and research plan. Character count limitation: 2000

### 2. 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. Character count limitation: 2000

#### 3. Project Budget

Applications will be considered for a maximum of \$75,000 for two-year projects. **Important Note:** Refer to Guidelines and Guidance Notes for budget criteria.

| Item      | Amount | In-kind contributions |
|-----------|--------|-----------------------|
| Personnel |        |                       |

Materials and Supplies

Communications and publications

Other (specify)

Total value of in-kind contributions

Total requested (maximum \$75,000)

# 4. Budget Justification

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