# RESEARCH PROJECT INFORMATION FORM

**THE UNIVERSITY OF BRITISH COLUMBIA**

| For Administration Use Only | | |
|---|---|---|
| FAS #: | Grant #: | 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 336 Fipke Building, 3333 University Way, Kelowna, BC Canada V1V 1V7.

## A.    UBC Principal Investigator

| | |
|---|---|
| Name: | Faculty: |
| Tel: | Department: |
| Email: | Division: |
| Academic Rank: | Is this a term position?  ◯ Yes  ◯ No |

## 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:<br>(Where project's funds originate) | |
| ii)  Primary Funding Source:<br>(From where UBC is receiving project funds) | ◯ Same as Original Funding Source above<br>◯ Other. Please specify: |
| iii) All additional funding sources:<br>(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 LR2.** Visit **www.research.ubc.ca/indirect-costs** for more details.

| ☐ Government | Direct Costs:$ | Indirect Costs:$ | Total Cash:$ |
|---|---|---|---|
| ☐ Non-profit | Direct Costs:$ | Indirect Costs:$ | Total Cash:$ |
| ☐ Industry | Direct Costs:$ | Indirect Costs:$ | Total Cash:$ |
| ☐ UBC (Internally-funded) | | | Total Cash:$ |

If an administrative unit fee has been included as a direct cost, please specify the rate:

Project length (months):

If this project is primarily conducted at an approved institute or centre, please select:

In which faculty/department/division/institute or centre will the Grant be set up?:

Indicate main Institutions (UBC or formally affiliated institution) where research activity for the project will be undertaken (% at each):

☐ UBC Vancouver Campus          %          ☐ UBC Okanagan Campus          %          ☐ Interior Health Authority          %

☐ BC Cancer Agency          %          ☐ BC Centre for Disease Control          %          ☐ Providence Health Care Research Institute          %

☐ BC Mental Health & Substance Use Services Research Institute          %          ☐ Women's Health Research Institute          %

☐ BC Children's Hospital Research Institute          %          ☐ 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 Grant will be held:

☐ UBC      ☐ Other (please specify):

## C.    Resource Implications

Building(s) and Room(s) to be used as research space for this project:

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

**Mandatory only for Faculty of Medicine**

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:

The Project involves the following (please select all that apply):

| | Certificate/Application Number | | | Certificate/Application Number |
|---|---|---|---|---|
| ☐ Humans | _____ | ☐ Animals | _____ |
| ☐ Clinical Study Drug | _____ | ☐ Biohazardous Materials | _____ |
| ☐ Clinical Study Device | _____ | ☐ Radioactive Materials | _____ |
| ☐ Hospital Review | _____ | ☐ Environmental Impact | _____ |

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 | ☐ | ☐ | ☐ |
| Seat on Scientific Advisory Board | ☐ | ☐ | ☐ |
| Any Role within the Company | ☐ | ☐ | ☐ |
| Shares in Sponsor Company | ☐ | ☐ | ☐ |
| License / Option Agreement | ☐ | ☐ | ☐ |
| Non-Disclosure Agreement | ☐ | ☐ | ☐ |
| Consulting Agreement | ☐ | ☐ | ☐ |

Please note that all conflicts of interest and conflicts of commitment must be disclosed annually and managed as per UBC Policy SC3.

☐ Other conflicts of interest:

_____

## 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 LR2, holders of UBC research Grants must be members of the permanent academic staff.  For details on exceptions, please refer to LR2 #4.1.1 to 4.14.

### Principal Investigator
I understand that Indirect Costs must be included in the budget as per UBC Policy LR2.

Signature: | Or click box to add scanned signature

Name: | Date:

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I hereby authorize a Grant to be set up for each funding source listed in Section B, as required, with indirect costs recovered as specified in the budget section of this document.

| **Department / Unit Head** or authorized signatory | **Centre Director** required for all research projects primarily involving a Centre or Institute | **Dean** (not required in the UBC Vancouver Faculties of Science or Applied Science) or authorized signatory |
|---|---|---|
| Signature: | Signature: | Signature: |
| Or click box to add scanned signature | Or click box to add scanned signature | Or click box to add scanned signature |
| Name: | Name: | Name: |
| Title: | Date: | Title: |
| Date: | Centre or Institute: | Date: |

| **For industry and non grant funding only** | **For industry and non grant funding only** | **For industry and non grant funding only** |
|---|---|---|
| I also authorize future budget increases as may be applicable for this project    Initials: | I also authorize future budget increases as may be applicable for this project    Initials: | I also authorize future budget increases as may be applicable for this project    Initials: |
| Or click box to add scanned signature | Or click box to add scanned signature | Or click box to add scanned signature |
| I cap the budget increase amount without further signatures at: $ | I cap the budget increase amount without further signatures at: $ | I cap the budget increase amount without further signatures at: $ |

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For Faculty/Department Use – for internally funded projects, attach project summary and budget pages and provide the following information:

Funding Source Account Worktag:                    Is source Account Worktag restricted?  ◯ Yes  ◯ No

Project Start Date:                    Project End Date:

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

Signature of signing authority for funding source Account Worktag:

Or click box to add scanned signature | Name:

Date:

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### For Research Services (ORS) Internal Use Only

Director (ORS)   Signature

Name: | Date: