



a place of mind

**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 336 Fipke Building, 3333 University Way, Kelowna, BC Canada V1V 1V7.

A. UBC Principal Investigator

Name: Sara Mostafavi	Faculty: Arts and Science
Tel: 604-875-3802	Department: Statistics
Email: saram@cmmmt.ubc.ca	Division:
Academic Rank: Assistant Professor	

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: ROSMAP OMICs Data Integration

i) Original Funding Source: (Where projects funds originate)	No funding required; this is an application to receive de-identified data from collaborator
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	Direct Costs:\$	0	Indirect Costs:\$	0	Total Cash:\$	0
<input type="checkbox"/> Non-profit	Direct Costs:\$		Indirect Costs:\$		Total Cash:\$	
<input type="checkbox"/> Industry	Direct Costs:\$		Indirect Costs:\$		Total Cash:\$	
<input type="checkbox"/> UBC (Internally-funded)					Total Cash:\$	0

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

Project length (months): 48 months

If this project is primarily conducted at an approved institute or centre, please select: Centre for Molecular Medicine and Therapeutics (CMMT)

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

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**

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 ☐ YesWill HQP be involved in the Project? ☐ No ☒ Yes ☐ Don't know If yes, please indicate estimated numbers below.

Undergraduate Students: _____ Graduate Students: _____ Post-docs: 1 Technicians: _____ Research Associates: _____ Other: _____

D. Certifications & Approvals	
Does the project involve the use of humans, animals or biohazardous materials? <input checked="" type="radio"/> No - Please proceed to Section E <input type="radio"/> 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 <input type="checkbox"/> Humans _____ <input type="checkbox"/> Clinical Study Drug _____ <input type="checkbox"/> Clinical Study Device _____ <input type="checkbox"/> Hospital Review _____	Certificate/Application Number <input type="checkbox"/> Animals _____ <input type="checkbox"/> Biohazardous Materials _____ <input type="checkbox"/> Radioactive Materials _____ <input type="checkbox"/> 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 ? <input checked="" type="radio"/> No - Please proceed to Section F <input type="radio"/> Yes - Please go to Section I (Signatures)

F. Contact (for Primary Funding Source identified in Section Bii)	
Company/Organization: <u>UBC</u>	Contact Name: Sara Mostafavi
Tel: 604-875-3802 Fax: _____	Address: Center for Molecular Medicine and Therapeutics (CMMT) 950 West, 28th Ave, Vancouver, BC, V5Z 4H4
Email: <u>saram@cmmt.ubc.ca</u>	

G. Conflict of Interest			
Are you aware of any conflicts of interest that may have a bearing on this project? <input checked="" type="radio"/> No - please proceed to Section H <input type="radio"/> 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? <input checked="" type="radio"/> No <input type="radio"/> 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? <input checked="" type="radio"/> No <input type="radio"/> Yes - please describe below: _____ _____
Will any employees of the collaborator or sponsor be participating in the project? <input type="radio"/> No <input type="radio"/> Yes If yes, will they be participating on site at UBC? <input type="radio"/> No <input type="radio"/> 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: Sara Mostafavi

Date: June 13, 2016

I hereby authorize an account 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

Signature:

Or click box to add scanned signature

Name:

Title:

Date:

Centre Director required for all research
projects primarily involving a Centre or
Institute

Signature:



Digitally signed by Blair Leavitt
DN: cn=Blair Leavitt, o=CMMT,
ou=University of British Columbia,
email=bleavitt@cmmt.ubc.ca, c=CA
Date: 2016.06.14 16:43:26 -07'00'

Or click box to add scanned signature

Name: Blair Leavitt

Date: June 14, 2016

Centre or
Institute: CMMT**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:

Title:

Date:

For industry and non grant funding 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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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, attach project summary and budget pages and provide the following information:

Funding Source PG#:

Is source PG 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 PG? ☐ Yes ☐ No

Signature of signing authority for funding source PG:

Or click box to
add scanned
signature

Name:

Date:

For Research Services (ORS) Internal Use Only

Director (ORS) Signature

Name:

Date: