



a place of mind

# UBC Okanagan Campus HUMANITIES & SOCIAL SCIENCES (HSS) RESEARCH GRANT

Office of Research Services

Phone: (250) 807 9412

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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<b>IDENTIFICATION</b>		
APPLICANT SURNAME:		APPLICANT GIVEN NAME:
FACULTY:	DEPARTMENT:	
ACADEMIC RANK:		
TELEPHONE:	E-MAIL ADDRESS:	
CO-INVESTIGATOR SURNAME:		CO-INVESTIGATOR FIRST NAME:
FACULTY:	DEPARTMENT:	
ACADEMIC RANK:		
TITLE OF PROJECT:		
<b>TOTAL FUNDING REQUEST (MAXIMUM \$5,000):</b>		
<b>PREVIOUS AWARD FROM THE HSS PROGRAMS (2014 UBCO APPLICANTS CAN DISREGARD)</b>		
YEAR	AMOUNT	TITLE
<b>ETHICS CERTIFICATION</b>		
Research involving human subjects, animals, or bio-hazardous material requires an active Certificate of Approval before funds will be released ( <a href="http://ors.ok.ubc.ca/ethics.html">http://ors.ok.ubc.ca/ethics.html</a> )		
CERTIFICATION IS REQUIRED:	YES                      NO	CERTIFICATE NUMBER:
If yes, please indicate:		
HUMAN	ANIMAL	BIOHAZARD

<b>SIGNATURE SECTION:</b>		
I verify that all the information contained within this application is true and complete, to the best of my knowledge.		
<b>APPLICANT</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>CO-APPLICANT (IF APPLICABLE)</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>DEPARTMENT/UNIT HEAD</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>DEAN OR DEAN DESIGNATE</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>OFFICE OF RESEARCH SERVICES</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>

**\*\*DO NOT INCLUDE THIS PAGE WITH YOUR APPLICATION\*\***

**Attachment Information:**

All attachments must be:

- Word processed on 8 ½ x 11" single-sided white paper, ¾" margins
- Single-spaced, 12 pt Times New Roman font
- Principal Applicant's name must appear in the top right corner of every page
- Pages must be numbered consecutively following the last page of your application printout

**Proposal Sections:**

1. Abstract of Proposed Project:  
Provide a 100-word summary of your research proposal.
2. Detailed Project Description:  
Provide a one-page description of your research proposal. The description should include research methodology and anticipated research contribution and impact.
3. Budget Justification:  
Provide a budget justification for the funds being requested (½ page maximum).  
A list of SSHRC eligible expenses can be found on the SSHRC website at:  
[http://www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/index\\_eng.asp](http://www.nserc-crsng.gc.ca/Professors-Professeurs/FinancialAdminGuide-GuideAdminFinancier/index_eng.asp)
4. UBC CV or CCV

**Application Deadline:**

Your completed application must be received by **4:00pm** on **October 1**. Applications should submit one signed original.

**Submit Your Application To:**

UBC Okanagan Office of Research Services  
FIP 336, 3333 University Way Kelowna,  
BC V1V 1V7

**Required Signatures:**

The applicant, the applicant's Department Head, and the Dean/Associate Dean of Research must sign all applications. The signature of the Office of Research Services is not required at the time of submission to the Office of Research Services.