

UBC Okanagan Campus REQUEST FOR PROJECT GRANT (PG)

FAS NUMBER

Office of Research Services Phone: (250) 807.9412

FOR ADMINISTRATIVE USE ONLY

DATE RECEIVED

, ,							
PRINCIPAL INVESTIGATOR							
SURNAME:			GIVEN NAME:				
FACULTY:			DEPARTMENT/UNIT:				
PROJECT TITLE:							
SOURCE OF FUNDS							
AGENCY/SPONSOR:							
PROGRAM:							
CONTACT NAME AND PHONE NUMBER:							
INTERNAL FUNDING:	YES NO		IF YES, PROVIDE SOURCE PG				
EXTERNAL FUNDING:	YES NO			CHEQUE	ATTACHED	MAILED	
PROJECT PERIOD:	START DATE:		END DATE:				
AMOUNT OF AWARD: AWARD			LETTER ATTACHED	:	YES	No	
RESEARCH PROJECT BUDGET (RPB) COMMENTS (i.e. Instructions to researchers):							
Unspent funds at the end of award term will be returned to source. Eligible receipts for reimbursement are submitted to your faculty or unit. No additional funds will be awarded from the program for this project. There will be no extensions to this PG. Report required: Progress Upon completion annual not required			Award covers only those expenses detailed in original funding application. If this application requires an ethics approval certificate, funds will not be released until the certificate is obtained. Ethics must be obtained within 6 months* of the award date or the funds will revert back to the sponsor. *if a time period other than 6 months is required, please enter in following box:				
PLEASE ENTER ANY ADDITIONAL COMMENTS TO APPEAR ON THE RPB: (e.g. eligible expenses, etc.)							
FORM PREPARED BY (e.g., faculty administrator, designate):							
AUTHORIZED SIGNATORY FOR SPONSOR: *I understand that indirect costs will be included in budget as per UBC Policy 87							
NAME/POSITION: SIGNATURE:				DATE:			
OFFICE OF RESEARCH SERVICES:		SIGNATURE:		DATE	DATE:		

Please complete, sign, and return this form to:
Office of Research Services (ORS)
University of British Columbia, Okanagan Campus
FIP 336, 3333 University Way
Kelowna, BC V1V 1V7
250-807-9412