



a place of mind

# Salary Research Grant

## Office of Research Services UBC Okanagan

Office of Research Services  
Phone: (250) 807-9412

*FOR ADMINISTRATIVE USE ONLY*

FAS NUMBER	DATE RECEIVED
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<b>FACULTY MEMBER INFORMATION</b>	
SURNAME:	GIVEN NAME:
FACULTY:	DEPARTMENT/UNIT:
ACADEMIC RANK:	EMAIL ADDRESS:
OFFICE PHONE NUMBER:	
PROJECT PERIOD (Maximum of 12 months):	
TITLE OF PROJECT:	
<b>ABSTRACT OF PROJECT</b>	

<b>BUDGET</b>			
<b>BUDGET SUMMARY</b>		<b>AMOUNT</b>	<b>BUDGET DETAILS</b>
Payroll Costs (Principal Investigators)			
Payroll Costs (Salaries and Benefits)			
Materials, Supplies and Expenses			
Equipment			
Travel and Living			
UBC Analytical and Other Services			
Off-Campus Consultants/Contract Services			
<b>Calendar Year 1 Amount:</b>			
<b>Calendar Year 2 Amount:</b>			
<b>TOTAL:</b>			
* Study leave research grants may be paid in equal monthly installments or may, for tax purposes, be divided unequally between the two calendar years involved.			
<b>SALARY DETAILS</b>			
Please complete the following section for all individuals to be paid from these funds:			
POSITION	TASK TO BE PERFORMED	SALARY RATE	EMPLOYMENT PERIOD
<b>ETHICS CERTIFICATIONS AND APPROVALS</b>			
Does the project involve the use of humans, animals or biohazardous materials?			
Humans	YES	NO	Certificate #:
Animals	YES	NO	Approval #:
Biohazardous Materials	YES	NO	Level:
Radioactive Materials	YES	NO	Specify:

## RESEARCH PROPOSAL

- 1) Provide a clear outline of the research objectives and the methodology
  - 2) Show how each of the expenditures shown in the budget relate to the research plan
  - 3) If research is preliminary to or part of a larger project, explain why separate funding is needed
  - 4) If applicable, indicate how the proposal relates to concurrent research funding applied for or received from other agencies
- Technical language should be avoided whenever possible and the proposal should be expressed in terms that will be understood by all members of the committee.

The information must be completed in the space provided below and a **maximum of 650 words**.

## SIGNATURES

The following signatures attest that the type of research undertaken in the program is of a type which is separate and apart from research work ordinarily expected under the researcher's terms of employment. Also, the non-specific research component of the researcher's normal duties of employment is to be reduced by a level reasonably corresponding to the value of the award.

### APPLICANT

Name:	Signature:	Date:
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### DEPARTMENT/UNIT HEAD

Name:	Signature:	Date:
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### DEAN or DEAN DESIGNATE

Name:	Signature:	Date:
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### OFFICE OF THE PROVOST

Name:	Signature:	Date:
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