



UBC Okanagan Campus

HSS SMALL GRANT

Office of Research Services

Phone: (250) 807 9412

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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IDENTIFICATION			
APPLICANT SURNAME:		APPLICANT GIVEN NAME:	
FACULTY:		DEPARTMENT:	
ACADEMIC RANK:	E-MAIL ADDRESS:		PHONE:
CO-INVESTIGATOR SURNAME:		CO-INVESTIGATOR FIRST NAME:	
FACULTY:		DEPARTMENT:	
ACADEMIC RANK:			
TITLE OF PROJECT:			
TOTAL FUNDING REQUEST (MAXIMUM \$2,500):			
ETHICS CERTIFICATION			
Research involving human subjects, animals, or bio-hazardous material requires an active Certificate of Approval before funds will be released (http://ors.ok.ubc.ca/ethics.html)			
CERTIFICATION IS REQUIRED:		CERTIFICATE NUMBER:	
YES NO			
If yes, please indicate:			
HUMAN		ANIMAL BIOHAZARD	

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