CFI John R. Evans Leaders Fund Notice of Intent (NOI)

For UBC Okanagan applicants ONLY

Project Leader Name:			
Project Leader Department/Faculty :			
Project Title:			
Project Leader Eligibility: Attraction Date of hire: Retention			
Q1 . Do you currently have space approved to house the requested CFI infrastructure?	☐ YES Building/Room	☐ NO (You will need to submit a space request form)	
Q2. Will you require any alterations to the space? (Construction, Electrical, HVAC, Plumbing, etc.)	□ YES	□ NO	
Q3. Will you require furnishings (desk, chair etc.)?	□ YES	□ NO	
Q4. What type of equipment will you require?	☐ Advanced Research Computing	☐ Other equipment	
Will renovations be required to house the infrastructure? YES NO Anticipated sources of matching funds (check all that apply): Vendor in-kind contributions Institutional cash contributions Please specify anticipated source(s) of institutional cash contributions (e.g. Dean or Head contributions, start-up funds):			
Checklish of acquired attachments for NOT			
 Checklist of required attachments for NOI □ Research Program Summary (required): Outline your need for the infrastructure, anticipated outcomes & benefits (1 page max). □ Space Request Form completed and signed (if applicable) If you do not yet have space approved, please contact Pierre.Rondier@UBC.ca within 1 week of NOI deadline to discuss space approval process. 			
Obtaining approval for appropriate space as early as possible is crucial. Please confirm that any allocated space is appropriate to house the type of infrastructure requested.			
☐ Description of Space Alterations (if applicable): Briefly outline what changes will be required to your space. Provide a sketch of the anticipated floorplan if possible.			
☐ Furnishings (if applicable): Provide a list of required furnishings (furniture, fixtures, etc.)			
☐ Facilities Equipment Form for each budget item higher than \$50,000, or for any equipment you plan to purchase that could impact building systems and structures. You may bundle related pieces on one form if they together form a single complete system.			
☐ Equipment technical specifications (if applicable): Attach supplier's technical specifications and installation manuals			

SIGNATURE SECTION I verify that all the information contained within this application is true and complete, to the best of my knowledge.			
Researcher			
Name:	Signature:	Date:	
Co-Applicant – if applicable			
Name:	Signature:	Date:	
Co-Applicant – if applicable			
Name:	Signature:	Date:	
Department Chair or Director			
Name:	Signature:	Date:	
Associate Dean of Research or Equivalent			
Name:	Signature:	Date:	