



UBC Okanagan Campus REQUEST FOR PROJECT GRANT (PG)

Office of Research Services
Phone: (250) 807.9412

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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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	IF YES, 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):			
PLEASE SELECT THE COMMENTS THAT SHOULD APPEAR ON THE RPB:			
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. <i>*if a time period other than 6 months is required, please enter in following box:</i>	
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:	

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