



SSHRC Explore and Exchange Small Grant — Application Form

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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<b>IDENTIFICATION</b>		
APPLICANT SURNAME:		APPLICANT GIVEN NAME:
FACULTY:		DEPARTMENT:
ACADEMIC RANK:		
TELEPHONE:	E-MAIL ADDRESS:	
CO-INVESTIGATOR SURNAME:		CO-INVESTIGATOR FIRST NAME:
FACULTY:		DEPARTMENT:
ACADEMIC RANK:		
<b>PROJECT DETAILS</b>		
TITLE OF PROJECT:		
PROJECT STREAM: <div style="display: flex; justify-content: space-around;"> <span>STREAM 1 (PROJECT BEGINNINGS)</span> <span>STREAM 2 (PROJECT COMPLETIONS)</span> </div>		
TOTAL FUNDING REQUEST (MAXIMUM \$2,500):		
<b>PROVIDE LIST OF PREVIOUS HSS FUNDING RECEIVED FROM THE OFFICE OF RESEARCH SERVICES</b>		
<i>Researchers cannot hold the HSS Small Grant and the HSS Project Grant simultaneously.</i>		
<b>YEAR</b>	<b>AMOUNT</b>	<b>TITLE</b>
<b>ETHICS CERTIFICATION</b>		
Research involving human subjects, animals, or bio-hazardous material requires an active Certificate of Approval before funds will be released ( <a href="http://ors.ok.ubc.ca/ethics.html">http://ors.ok.ubc.ca/ethics.html</a> )		
CERTIFICATION IS REQUIRED:		CERTIFICATE NUMBER:
	YES	NO
If yes, please indicate:		
	HUMAN	ANIMAL
		BIOHAZARD



DOCUMENT CHECKLIST		
CURRENT UBC CV OR CCV FREE-FORM PROPOSAL ADDRESSING THE EVALUATION CRITERIA (2 PAGES MAXIMUM)		
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: