



Project Grant — Application Form

FOR ADMINISTRATIVE USE ONLY

FAS NUMBER	DATE RECEIVED
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IDENTIFICATION		
APPLICANT SURNAME:		APPLICANT GIVEN NAME:
FACULTY:		DEPARTMENT:
ACADEMIC RANK:		
TELEPHONE:	E-MAIL ADDRESS:	
CO-INVESTIGATOR SURNAME:		CO-INVESTIGATOR FIRST NAME:
FACULTY:		DEPARTMENT:
ACADEMIC RANK:		
PROJECT DETAILS		
TITLE OF PROJECT:		
TOTAL FUNDING REQUEST (MAXIMUM \$5,000):		
PROVIDE LIST OF PREVIOUS HSS FUNDING RECEIVED FROM THE OFFICE OF RESEARCH SERVICES		
<i>Researchers cannot hold the Small Grant and the Project Grant simultaneously.</i>		
YEAR	AMOUNT	TITLE
ETHICS CERTIFICATION		
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:
<input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please indicate:		
<input type="checkbox"/> HUMAN	<input type="checkbox"/> ANIMAL	<input type="checkbox"/> 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: