

Research Funding Application Approvals

Project Details

Funding Agency _____ Agency Deadline _____ / _____ / _____
dd mm yy

Funding Program Name _____

UCalgary Principal Investigator _____ Appointment Type* _____

* For postdocs, only [UCalgary appointments](#) are eligible. Use this form for research grant applications. For postdoctoral fellowship applications, please use the [RFAA for Training Awards form](#).

UCalgary Co-Investigator(s) (if any) _____

Project Title _____

Award Type: Grant Contract Letter of Intent Other _____ Overhead rate (If applicable) _____ %

Failure to complete this section will result in this form being returned to you for completion and may delay the submission of your application.

Does this research involve human subjects? No Yes _____
Certification Number(s), if known

If you have NOT budgeted for insurance and you will be enrolling subjects from outside Canada in any clinical trials, please visit [HERE](#) for insurance estimates

-> If YES, will subjects from outside Canada be enrolled in clinical trials? No Yes

-> If YES, have you budgeted for the appropriate insurance costs in your funding request? No Yes

Animal Care? No Yes _____ Biohazard? No Yes
Certification Number(s), if known

Please visit [HERE](#) for information about the CHREB review fee

Is this study funded by a company/for profit organization? Yes No

-> If YES, have you included the applicable CHREB ethics review fee in your budget? Yes No

-> If YES, how will the ethics review fee be paid? By researcher or other account
By direct invoice to the funder Included in the budget of this application

Special Requirements* (known at the time of application) No Yes

Additional space or facilities	<input type="checkbox"/>	<input type="checkbox"/>	If yes, provide details (attach additional pages if necessary): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Course release time	<input type="checkbox"/>	<input type="checkbox"/>	
Faculty/Dept. contributions (financial or in-kind)	<input type="checkbox"/>	<input type="checkbox"/>	
Grant of IP rights to a sponsor/agency	<input type="checkbox"/>	<input type="checkbox"/>	

*Note: Identify all incremental resources required. Institutional approval may be withdrawn if it is determined the University of Calgary cannot provide resources above.

University of Calgary Authorizing Signatures

Signatures indicate approval and acceptance of any **special requirements** described above. Where the Principal Investigator has a fixed- or limited-term appointment (including postdoc), signature indicates acknowledgment that the University of Calgary makes **no commitment to extending your appointment**. Ensure you are aware of what your signature means: <http://ucalgary.ca/research/researchers/apply-grants/grant-application-signatures>.

Signatures are not required where they are already provided on the attached application unless there are special requirements as noted above.

UCalgary Principal Investigator		
Name	Signature	Date
UCalgary Supervisor (only required when PI is a UCalgary Postdoc)		
Name	Signature	Date
UCalgary Department Head		
Name	Signature	Date
UCalgary Dean/Associate Dean		
Name	Signature	Date
UCalgary Research Services		
Name	Signature	Date

Ensure that a complete copy of the application accompanies this signed form when submitted to Research Services (the only exception is Tri-Council competitions using e-approval). Please check with your Department/Faculty ADR regarding their requirements for review and signoff.