

For Office Use Only:

Account no.	Project no.	Sponsor code
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Principal Investigator:

Date (dd/mm/yyyy):

Department:

Centre:

Title of Proposed Project:

Sponsor (e.g. NSERC):

Program (e.g. Discovery Grant):

Total Amount Requested:

Indirect Costs(\$):

Please answer the following:

1) Do you have other CONFIRMED sources of funding (i.e. matching) for this project?

Yes No

If Yes, please specify:

Sponsor and program (e.g., OMAF, New Directions)	Award period (e.g., 01/01/2004 to 30/12/2004)	Amount of funding (\$ CDN)	Trust account number OR OMAF Project #

Yes

No

2) Will the proposed research make use of any animal or plant facilities (i.e., OMAF-University Research Stations, on-campus animal facilities)?

If Yes, please complete and attach the Research Station Services and Access Fees and Budget template. See the price list for more information

3) Is faculty release time or faculty pay requested?

If Yes, please specify:

4) Is new construction, equipment installation, or renovation required?

If Yes, please attach cost estimate from Physical Resources.

5) Is additional space required?

6) Does this proposal involve a topic relating to another country?

If Yes, please specify:

a) Country(ies):

b) Project purposes:

Research <input type="checkbox"/>	Development <input type="checkbox"/>	Teaching <input type="checkbox"/>	Training <input type="checkbox"/>
Evaluation <input type="checkbox"/>	Conference(s) <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)	

Yes **No**

7) Does this proposal involve collaborations with an institution/organization outside of Canada?

If Yes, please specify:

a) Country(ies):

b) Project purposes:

Research <input type="checkbox"/>	Development <input type="checkbox"/>	Teaching <input type="checkbox"/>	Training <input type="checkbox"/>
Evaluation <input type="checkbox"/>	Conference(s) <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)	

c) Collaborating institution(s)/organization(s) and their associated countries:

Collaborating institution(s)/organization(s)	Country

Please indicate whether the proposed research involves any of the following (if Yes, please provide the correct protocol #):

	Yes	No	Approval Obtained Protocol #	For new protocol or protocol updates, go to the relevant website.
Live Animals	<input type="radio"/>	<input type="radio"/>		Animal Care Services ext. 54310
Biohazardous Materials	<input type="radio"/>	<input type="radio"/>		Environmental Health & Safety Office ext. 53190
Controlled Drugs	<input type="radio"/>	<input type="radio"/>		OVC Pharmacy for Health Canada Exemption ext. 54196
Drugs	<input type="radio"/>	<input type="radio"/>		Drug Use Form ext. 54196
Hazardous Substances	<input type="radio"/>	<input type="radio"/>		Environmental Health & Safety Office ext. 53190
Human Participants	<input type="radio"/>	<input type="radio"/>		Office of Research, Research Ethics Coordinator ext. 56606
Radioactive Materials	<input type="radio"/>	<input type="radio"/>		Environmental Health & Safety Office ext. 54888
Radiation Emitting Devices	<input type="radio"/>	<input type="radio"/>		Environmental Health & Safety Office ext. 54888
Transgenic Animals/Plants	<input type="radio"/>	<input type="radio"/>		Office of Research, Director of Res. Risk Mgmt. ext. 52048
Veterinary Teaching Hospital Resources	<input type="radio"/>	<input type="radio"/>		Veterinary Teaching Hospital ext. 52781

Signatures from PI, Department Chair and Dean are required on this form:

Principal Investigator	Department Chair	Dean of College	University Signing Authority