

## Research Services

### Research Funding Administrative Approvals Form

#### 1 PROJECT TITLE \_\_\_\_\_

#### 2 FUNDING INFORMATION

Sponsor/Agency \_\_\_\_\_

Deadline \_\_\_\_\_

Program \_\_\_\_\_

Total funding requested  
from this sponsor/agency: \_\_\_\_\_Type:  Grant  Contract  Letter of Intent  Other (specify) \_\_\_\_\_

#### 3 PRINCIPAL INVESTIGATOR/LEAD

Surname \_\_\_\_\_

First name \_\_\_\_\_

Rank/Position \_\_\_\_\_

Role:  PI  Co-investigator  Collaborator

Department/Faculty \_\_\_\_\_ (Choose from list)

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

#### 4 OTHER-INVESTIGATOR(S)

Name	Role Co-I, Collaborator	Institutional Affiliation	Email

#### 5 CONSTELLATION

Please indicate which of the following areas are applicable to this research (check all that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aquatic Health Sciences         | <input type="checkbox"/> Environmental Sciences       | <input type="checkbox"/> Leadership and Learning              |
| <input type="checkbox"/> Cognitive Sciences/Neuroscience | <input type="checkbox"/> Human Development and Health | <input type="checkbox"/> Molecular and Macromolecular Science |
| <input type="checkbox"/> Comparative Biomedical Science  | <input type="checkbox"/> Humanity, Culture and Ideas  | <input type="checkbox"/> Population Health                    |
| <input type="checkbox"/> Entrepreneurship and Innovation | <input type="checkbox"/> Island Studies               | <input type="checkbox"/> Other, specify _____                 |

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**SPECIAL REQUIREMENTS (ethics, release time, renovations, etc.)**

**1. Indicate each that apply:**

- Use of human subjects    to be submitted    pending    approved    Certificate # \_\_\_\_\_
- Use of animals    to be submitted    pending    approved    Certificate # \_\_\_\_\_
- Use of biohazards    to be submitted    pending    approved    Certificate # \_\_\_\_\_  
*(anything involving microorganisms, cell lines, human and/or animal tissues/fluids, biotoxins or genetically modified organisms.)*
- Use of radioactive material    to be submitted    pending    approved    Permit # \_\_\_\_\_
- Controlled substances license approval    to be submitted    pending    Certificate # \_\_\_\_\_
- None of the above

**2. Will this research involve controlled goods, information, or technology?**

- <http://ssi-iss.tpsgc-pwgsc.gc.ca/dmc-cgd/index-eng.html>     Yes     No
- If YES, are you registered with the Controlled Goods Directorate?     Yes     No

**3. Is release time requested as part of this proposal?**

- If YES, has this been authorized by the Chair/Dean     Yes     No

**4. Do you have access to all physical facilities required?**

- If YES, skip to Box 7     Yes     No

**5. Is additional UPEI space required (Lab and/or office)?**

- Yes     No    Lab - Room # \_\_\_\_\_    If YES, Approved     Approval pending
- Yes     No    Office - Room # \_\_\_\_\_    If YES, Approved     Approval pending

**6. Is new construction, equipment, installation, or renovation required?**

- Yes     No    If YES, please provide a description of what will be required
- 
- 

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**PERSONNEL**

**1. Will you be employing/engaging any of the following:**

- Undergraduate student     Yes     No
- Graduate student     Yes     No
- Post doctoral fellow     Yes     No
- Research associate     Yes     No
- Technician     Yes     No
- Other (Specify) \_\_\_\_\_     Yes     No

**2. Will you be providing salary and benefits?**     Yes     No

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**CONFLICT OF INTEREST**

Do you, your co-investigator(s), collaborators, student(s) or other research personnel have any kind of affiliation or any commercial, contractual, personal or proprietary interest with or in the Funder?

- Yes     No    If YES, see the Conflict of Interest in Research Policy <http://www.upei.ca/policy/adm/ord/gnl/0010>

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**LOCATION OF PROJECT**1. Province(s) in which research is to be done:  NB  NL  NS  PE  Other \_\_\_\_\_2. Province(s) in which research can be applied:  NB  NL  NS  PE  Generally applicable3. Is your project, or any part of your project, being conducted in another country?  Yes  No

If YES, please specify location(s): \_\_\_\_\_

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**INVOLVEMENT OF OTHER PARTNER ORGANIZATIONS**1. Does the project involve another institution/organization?  Yes  No

a) Will UPEI send funds to any other institution/organization?

 Yes  No If YES, specify institution/organization \_\_\_\_\_

b) Will another institution send funds to UPEI?

 Yes  No If YES, specify institution/organization \_\_\_\_\_

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**FUNDING**

1 Total funding requested: \$ \_\_\_\_\_

2. Is there a funding commitment from UPEI?

 Yes  No If YES, specify source, amount and account number, if known \_\_\_\_\_

3. Has overhead rate and/or distribution of overhead been discussed with the Dean?

 Yes  No  NA(Tri-Council/CFI)

4. Has overhead rate been discussed with ORD?

 Yes  No  NA(Tri-Council/CFI)

5. Is the Research Project leveraged/matched with other funding?

 Yes  No

If YES, specify \_\_\_\_\_

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**INDIRECT COST/OVERHEAD CALCULATOR**Is the Sponsor a Registered Charitable Organization or Foundation?  Yes  No

If the sponsor has a maximum allowable overhead %. Please specify % [     ]

Please complete the following table:

Project Costs	Amount (\$)	Indirect rate (%)
<b>Direct Costs: (\$)</b>		
A) Students - Stipends, Salaries, benefits		
B) Equipment		
C) Travel		
D) All other Costs		
E) Total Direct Costs (\$) (A+B+C+D)		
<b>Indirect Costs (\$):</b>		
F) Per UPEI Policy (\$)		
G) Proposed* (\$)		
H) Not Collected (\$)		
<b>TOTAL COSTS: (E+G)</b>		

\*This field is filled out when proposed indirect costs are not aligned with UPEI's policies, and/or the Sponsor has indirect cost restrictions which limit the amount which can be charged.

## SIGNATURE PAGE

**AUTHORIZATION:** 1. Print a copy of this form for your records.  
2. Provide: a) the original form, and  
b) copy of the full funding proposal, including all applicable attachments, first to your:  
i) **Chair**, then to your  
ii) **Dean**, and lastly to  
iii) **Research Services**  
for review and signature. Check with each signing authority for their timelines for review.

*[Note: This box will self populate from page 1]*

**Project Title** \_\_\_\_\_

**Principal Investigator** \_\_\_\_\_

**UPEI Principal Contact** \_\_\_\_\_ **Sponsor/Agency** \_\_\_\_\_

**Signature of UPEI Principal Investigator/Lead** indicates acceptance and willingness to carry out the work as described in the proposal, in accord with the various regulations governing such work and within the established budget of the proposal. All research activity will be undertaken in accordance with the policies and procedures of the University of Prince Edward Island and the terms and conditions of the Sponsor, as approved by the designated signing officer of the University. The Principal Investigator also accepts responsibility for any over expenditure on the award and for reporting any changes or delays in the research or research expenditures. It is the responsibility of the researcher to complete and/or assist the University in completing all reporting required by the sponsor on time.

\_\_\_\_\_  
**Signature of Principal Investigator/Lead**

\_\_\_\_\_  
Date

**Signatures of the Chair and Dean** indicate awareness of the research project, and acknowledgement that the academic unit/ faculty/school will be able to accommodate the project if funded (including any space, facilities and personnel requirements). Signature of the **Dean** also indicates acceptance of the proposed overhead rate, and acknowledges that any variance in overhead rates applies first to that component distributed to the Faculty/School.

\_\_\_\_\_  
**Signature of Chair**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Dean/Associate Dean**

\_\_\_\_\_  
Date

**Signature of the Vice President, Research** indicates that the University will administer the project in accordance with the terms and conditions of the agreement, the sponsor's guidelines, and the University's policies, practices and guidelines and indicates the overhead rate that will be used.

Proposed overhead rate approved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Vice-President, Research**

\_\_\_\_\_  
Date