

## Innovation and Translational Research Awards Research Module

Principal Investigator (PI) Last Name

Principal Investigator (PI) First Name

Email

Phone (work)

VCH/PHC Clinical Department/Program

VCH/PHC Clinical Position

Academic department & division

Academic Rank

VCHRI or PHC research centre/program/area

Work Mailing Address (include street, building, room number, and postal code)

Project Title

Location of Research Activity (building, site, and VCH/PHC)

Primary Contact: Name

Primary Contact: Email

IN PARTNERSHIP WITH

## SIGNATURE PAGES

Co-Investigators (add more pages if needed)

Name (last name, first name)

Name (last name, first name)

Title

Title

Organization

Organization

Signature

Signature

Date

Date

---

Name (last name, first name)

Name (last name, first name)

Title

Title

Organization

Organization

Signature

Signature

Date

Date

---

**Principal Investigator Signature**

Name (last name, first name)

Signature

Date

## SIGNATURE PAGES

### Academic Department Head

Name (last name, first name)

Department

Signature

Date

### Clinical Department Head

Name (last name, first name)

Department

Signature

Date

---

### UBC Faculty Dean

Name (last name, first name)

Faculty

Signature

Date

### UBC Office of Research Services

Name (last name, first name)

Title

Signature

Date

---

## **1. Summary of Research Proposal**

Summarize the objectives and research plan. Provide a clear statement on how the proposed project is innovative and translational. Character count limitation: 2000

## **2. Research Project Team**

Clearly describe the various roles and responsibilities of all team members listed, and your team's capacity to complete this two-year project. State the amount of protected research time for the PI, if applicable. Character count limitation: 2000

### 3. Project Budget

Applications will be considered for a maximum of \$75,000 for two-year projects.

**Important Note:** Refer to Guidelines and Guidance Notes for budget criteria.

<b>Item</b>	<b>Amount</b>	<b>In-kind contributions</b>
-------------	---------------	------------------------------

Personnel		
-----------	--	--

Materials and Supplies		
------------------------	--	--

Communications and publications		
---------------------------------	--	--

Other (specify)		
-----------------	--	--

**Total value of in-kind contributions**

**Total requested (maximum \$75,000)**

#### **4. Budget Justification**

A) Provide details and justification of request funds listed in the budget on the previous page. Character count limitation: 2000.

B) Provide details on the budget requested in relation to your overall program of research and funding history (currently or pending). Character count limitation: 1800.