



**1. UBC AWARDEE/PRINCIPAL INVESTIGATOR**

Full Name

Faculty/Department

Email

Request Date

yyyy-mm-dd

**2. PROJECT/GRANT INFORMATION**

Grant Worktag

Speedchart

Project Title

**3. RECIPIENT INSTITUTION**

Recipient Researcher's Name

Institution Name

**4. SUBGRANT DETAILS**

Amount: CDN \$ \_\_\_\_\_  
*Current Fiscal Year*

Subgrant Period: From: \_\_\_\_\_  
*yyyy-mm-dd*

To: \_\_\_\_\_  
*yyyy-mm-dd*

**5. Instructions**

Please complete attached **Appendix B** (page 2). Note that the sub-grant budget must adhere to sponsor guidelines & approved use of funds. This Appendix must be typed and signed as it will form a part of the transfer agreement.

Email completed, signed form to:

**Phoebe Lu** at [phoebe.lu@ors.ubc.ca](mailto:phoebe.lu@ors.ubc.ca)  
Faculties: Education, Medicine, Pharmaceutical Sciences

**Bryan Wong** at [bryan.wong@ubc.ca](mailto:bryan.wong@ubc.ca)  
Faculties: Arts, Forestry, Land and Food Systems, Sauder School of Business

**Dmitriy Ryabika** at [dmitriy.ryabika@ubc.ca](mailto:dmitriy.ryabika@ubc.ca)  
Faculties: Applied Science, Dentistry, Peter A. Allard School of Law, Science

**Nur Eisma** at [neisma@bcchr.ubc.ca](mailto:neisma@bcchr.ubc.ca)  
BC Children's Hospital Research Institute (BCCHR)  
BC Mental Health & Substance Use Services Research Institute (BCMHSUSRI)  
Women's Health Research Institute (WHRI)

**Susan O'Neil** at [susan.oneil@ors.ubc.ca](mailto:susan.oneil@ors.ubc.ca)  
Vancouver Coastal Health Research Institute (VCHRI)

**PLEASE NOTE: THE TRANSACTION WILL TAKE 4-6 WEEKS TO PROCESS**

## APPENDIX B

---

### 1. RECIPIENT INSTITUTION

Co-Investigator's Name

Recipient Institution

---

### 2. STATEMENT OF WORK

---

### 3. BUDGET

| Expense Category                              | Amount (CDN \$)   |
|---|-------------------|
| Student salaries (including benefits)         | (a) Bachelor's:   |
|   | (b) Master's:     |
|   | (c) Doctorate:    |
| Non-student salaries (including benefits)     | (a) Postdoctoral: |
|   | (b) Other:        |
| Professional and technical services/contracts |                   |
| *Equipment (including powered vehicles)       |                   |
| Materials, supplies and other expenditures    |                   |
| Travel  |                   |
| Indirect costs/overhead (if applicable)       |                   |
| <b>Total:</b>                                 | CDN \$            |

#### \*Equipment

Any equipment purchased with these grant funds (if an approved expense) belongs to the recipient institution:

YES

NO

### AUTHORIZATION

\_\_\_\_\_  
**Grant-holder Signature**

\_\_\_\_\_  
**Date**