



**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:

**Yvonne Ng** at [yvonne.ng@ors.ubc.ca](mailto:yvonne.ng@ors.ubc.ca)  
Faculties: Education, Medicine, Pharmaceutical Sciences

**Phoebe Lu** at [phoebe.lu@ors.ubc.ca](mailto:phoebe.lu@ors.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

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### 1. RECIPIENT INSTITUTION

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Co-Investigator's Name

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Recipient Institution

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### 2. STATEMENT OF WORK

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### 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

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**Grant-holder Signature**

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**Date**