



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: USD \$ _____
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
Faculties: Education, Medicine, Pharmaceutical Sciences

Phoebe Lu at phoebe.lu@ors.ubc.ca
Faculties: Arts, Forestry, Land and Food Systems, Sauder School of Business

Dmitriy Ryabika at dmitriy.ryabika@ubc.ca
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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
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 (USD \$)
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)	
Total:	USD \$

*Equipment

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

YES

NO

AUTHORIZATION

Grant-holder Signature

Date