

CHEO RI#

## Request for Funds

*Unless advised otherwise, the information on the research project and the amount awarded will be published.*

Name of Principal Investigator: _____ (maximum 20 characters)	Employee Number: _____
CHEO Department: _____	
Full Name of Funding Agency *: _____	
Agency Code/Acronym: _____	
<small>*If funded by a Pharmaceutical Company please note: 1) that 30% Overhead charges must be paid to the CHEO Research Institute.                  2) that in addition to Overhead funds cover Research Ethics Review up to \$1,500 per proposal should be included in the budget.</small>	

### Other Investigators

Surname	Given Name	CHEO Department	U of O Employee Number	
1				<input type="checkbox"/> <b>Co-Principal</b>
2				
3				
4				
5				

### Project

*Please attach a copy of the full proposal in addition to the number of copies required by the outside agency.*

**Short Title of Project:**

**Write a maximum of 9 key words that describe your project**


**Type of Grant:**

- A – Conference
- B - Contract (Service)
- C - Contract (R & D)
- E – Equipment
- F - Support Award (Scholarship, Fellowship, Bursary)
- L - Leave Research

**Type of Research:**

- Basic Science
- Clinical Research
- Randomized Clinical Trial (RCT)
- Drug
- Chart Review
- Observational (Survey, Cohort, Case Control)

- O – Operating
- P - Publication/Writing
- R - Rental of Facilities
- S - Salary Support
- T – Travel
- Z - Other (please specify):

**START DATE:** \_\_\_\_\_

**END DATE:** \_\_\_\_\_

Amount Requested:	1 <sup>st</sup> Year \$ _____	2 <sup>nd</sup> Year \$ _____	3 <sup>rd</sup> Year \$ _____	4 <sup>th</sup> Year \$ _____	5th Year \$ _____	6 <sup>th</sup> Year \$ _____
Amount Awarded:	1 <sup>st</sup> Year \$ _____	2 <sup>nd</sup> Year \$ _____	3 <sup>rd</sup> Year \$ _____	4 <sup>th</sup> Year \$ _____	5th Year \$ _____	6 <sup>th</sup> Year \$ _____

TOTAL AMOUNT OF AWARD: \$ \_\_\_\_\_

COST CENTRE:

Request Status Category: A – Awarded P – Pending R – Rejected D- Withdrawn

<p>If this Proposal involves any of the following elements, check the appropriate box(s). Submit the protocol to the appropriate certification committee and forward a copy of the certification(s) to the CHEO Research Institute office.</p> <p>YResearch with Human Subjects YBiohazards YRadiation Hazards YUse of Animals for Experimentation YA Negative Impact on the Environment YDisposal of Hazardous Waste</p>	<p>If the grant or contract is awarded</p> <p>YThe project will require additional space, resources or expenditures from the CHEO Research Institute. YThis funding will entail a potential conflict of interest for any of the investigators YThere will be graduate students taking part in the research group YThe above agency have policies or procedures, concerning the administration of funds, which may differ from those of the CHEO Research Institute YThe Funds will be administered by the University of Ottawa</p>
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**Notes:**

**SIGNATURES**

If I am awarded the grant or contract, I agree to use the funds in accordance with the policies of the CHEO Research Institute, Where the regulations of external funding agencies prevail, obligations and responsibilities, however, I agree to abide by them. I also agree to inform all people concerned of their obligations and responsibilities. I understand that I hold the primary responsibility for the financial management of this research project.

Date: Signature:	Date: Signature of Dept/PSU Head	Date: Signature of Director, CHEO Research Institute:
Date Submitted:	Date Approved:	Date Not Approved: