

ROUTING INSTRUCTIONS: Email completed form and supporting documents to rsospecp@ualberta.ca.

Proposed Project Holder									
Principal Investigator (PI)					Project Holder (if not PI)				
Faculty			Faculty ID		Department/Division/Centre			Dept ID	
Project Title									
Source of Funds									
<input type="checkbox"/> External	Award Amount \$		Sponsor or Faculty/Department Providing Funds			Sponsor Contact Name		Sponsor Phone Number	
<input type="checkbox"/> Internal	Award Amount \$		Project Number	Speed Code	Fund	Dept ID	Program	Class	
Project Details									
Please attach the following: <input type="checkbox"/> Notice of Award: Letter, award notice or Agreement from Sponsor or Faculty/Department <input type="checkbox"/> Scope of Work: Description of proposal <input type="checkbox"/> Budget: Provide detailed projected expenditures					New additional University (Department/Faculty-funded) resources are required to support this project: Space (Additional or Modifications): <input type="checkbox"/> Yes <input type="checkbox"/> No Technical Support: <input type="checkbox"/> Yes <input type="checkbox"/> No Student Funding: <input type="checkbox"/> Yes <input type="checkbox"/> No Teaching Relief/Release: <input type="checkbox"/> Yes <input type="checkbox"/> No Faculty/Dept letter or email confirming support is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Other (describe): <input type="checkbox"/> Yes <input type="checkbox"/> No Are matching/partner funds in place or intended to be obtained for this project: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:				
Proposed Start Date (mm/dd/yyyy)		Project End Date (mm/dd/yyyy)			Project includes honorarium or salary for the Principal Investigator: <input type="checkbox"/> Yes <input type="checkbox"/> No Does this project involve Aboriginal/Indigenous peoples, their communities or knowledge systems? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Certifications Required									
Note: RSO requires all applicable and current protocol numbers on file before funding can be released. Indicate Yes or No for each requirement. If Yes , please enter AUP/PRO number.									
Human	<input type="checkbox"/> Yes <input type="checkbox"/> No			Protocol 1	Protocol 2	Protocol 3	Protocol 4	Protocol 5	
Animal	<input type="checkbox"/> Yes <input type="checkbox"/> No			Human	PRO	PRO	PRO	PRO	
Biohazard	<input type="checkbox"/> Yes <input type="checkbox"/> No			Animal	AUP	AUP	AUP	AUP	
Stem Cell	<input type="checkbox"/> Yes <input type="checkbox"/> No								
APPROVALS									
Declaration of Project Holder									
I hereby confirm that I will: (1) spend the funds in compliance with sponsor terms and University policy and procedures (UAPPOL); (2) comply with all other sponsor terms; (3) authorize all expenditures to the project (or delegate where applicable); and (4) ensure financial reports are accurate and complete.									
Project Holder Name (printed)				Project Holder Signature			Date Signed (mm/dd/yyyy)		
				X					
Declaration of Faculty General Manager (FGM)									
I hereby confirm that: (1) I have reviewed the grant funding and terms; and (2) the Faculty has processes in place to ensure compliance with all sponsor terms and University policy and procedures (UAPPOL).									
FGM Name (printed)				FGM Signature			Date Signed (mm/dd/yyyy)		
				X					
FOR RESEARCH SERVICES OFFICE USE ONLY									
Approved by	RSO Name (printed)			RSO Signature			Date Signed (mm/dd/yyyy)		
				X					