

BCCA FAN#: FAS #:	DATE RECEIVED
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Office of Research Administration
BC Cancer Research Centre
15th Floor, 675 West 10th Ave

Due date: _____

GRANT APPLICATION COVER SHEET- Form 101

BC Cancer PRINCIPAL INVESTIGATOR: Surname, Given Name(s) (NPA) Nominated Principal Applicant? Yes No

BC Cancer TITLE **E-MAIL ADDRESS**

BC Cancer DEPARTMENT **Project Manager/Administrative Contact**
email: _____ Phone Number: _____

TITLE OF PROJECT: _____ **TRAINEE NAME:** _____
DEGREE _____
STATUS: _____

FUNDING AGENCY/COMPANY (no acronyms) _____ **Program Name:** _____

Additional sponsors or program partners _____ **HOST INSTITUTION (if other than BC Cancer)** _____

TYPE OF GRANT/AGREEMENT: Operating Equipment Collaborative Service Agreement
Scholarship (Faculty) Fellowship (Student/PDF) Other (Specify): _____

CO-INVESTIGATORS/Co App/Collaborators: (Affiliation) Indicate NPA if not the BCC PI, only list those with Scientific Appointment(s)

AMOUNTS REQUESTED: Year 1: \$ _____ Year 2:\$ _____ Year 3:\$ _____ Year 4:\$ _____
Year 5: \$ _____ Year 6:\$ _____ Year 7:\$ _____ Total: \$ _____

OVERHEAD / INDIRECT COSTS: In accordance with policy **BCC Policy FIN 100:** _____%
 \$ Rate different than stipulated in the policy: _____% \$ _____ Justification: _____

TO BE APPLIED FOR WHEN FUNDED:
Human Subjects **Will** be used Yes No Certificate # _____

Human biospecimen **Will** be used (if yes, is registration required?) Yes No Registration # _____

Animal Subjects **Will** be used Yes No Certificate # _____

Biohazardous Materials **Will** be used Yes No Certificate # _____

Radioactive Materials **Will** be used Yes No Certificate # _____

LOCATION(S) WHERE RESEARCH WILL BE CARRIED OUT:
 CRC VCC DRC VICC ABCC FVCC CCSI PGCC OTHER: _____

SPACE- Is additional space/resources required by the department? No Yes (if yes, include a brief description)

BC Cancer Principal Investigator **PRINTED NAME** **SIGNATURE** **DATE**

BC Cancer Dept Head _____

Sr. Executive Director, Research _____

Please note that all applications/co-applications/proposals/competitive letters of intent (LOI's) are to be approved by our office, Research Admin(ORA) using a BC Cancer Grant Coversheet(Form 101) and accompany a copy of the application signature package for ORA records. We strongly recommend that applicants allow sufficient lead-time for processing signature packages i.e. 5 business days prior to funder deadline. NOTE: The ORA signature package in required prior to e-Submission or paper submission by the applicant to the funding agency.