



# PROJECT REQUEST FORM

For Questions or HELP with the completion of this form, please contact (403) 220-8852003600 or [RTAHELP@ucalgary.ca](mailto:RTAHELP@ucalgary.ca)

**ALL APPLICABLE SECTIONS MUST BE COMPLETED WITH ALL REQUISITE SIGNATURES IN PLACE BEFORE YOUR REQUEST CAN BE COMPLETED**

## PRE-ASSESSMENT QUESTIONNAIRE

Does your Project involve a Gift / Donation? If **YES**, please contact the Development Office at (403) 220-5854 or [give@ucalgary.ca](mailto:give@ucalgary.ca) prior to completing this form.

Does your Project involve a Contract, Clinical Trial or the Sales of Goods / Services? If **YES**, please contact the following prior to completing this form:

Clinical Trials and all Cumming School of Medicine Faculty Members please contact CSM Legal at [csmlegal@ucalgary.ca](mailto:csmlegal@ucalgary.ca)

All other Faculty Members please contact Research Services Legal Office at [legaladm@ucalgary.ca](mailto:legaladm@ucalgary.ca)

Does your Project involve Political Activities? If **YES**, please contact the Government Relations Office [www.ucalgary.ca/universityrelations/government-relations](http://www.ucalgary.ca/universityrelations/government-relations)) prior to completing this form.

## REQUEST COMPLETED BY (Please provide if different than Project Holder)

Last Name	<input type="text"/>	First Name	<input type="text"/>
Email	<input type="text"/>	Phone #	<input type="text"/>

## PROJECT HOLDER INFORMATION

Last Name	<input type="text"/>	First Name	<input type="text"/>
UCID	<input type="text"/>	Phone #	<input type="text"/>
Email	<input type="text"/>		

## PROJECT INFORMATION

Start Date (MM/DD/YYYY)	<input type="text"/>	End Date (MM/DD/YYYY)	<input type="text"/>
Department Name	<input type="text"/>	Dept ID	<input type="text"/>
Institute / Centre (if applicable)	<input type="text"/>		
Project Title	<input type="text"/>		

**PROJECT INFORMATION**  
**Project Holder:** Individual responsible for the overall project and is accountable for all expenditures within the project. Typically, the individual named in the award notice.  
**Start Date:** When related and eligible expenses can be incurred as per Notice of Award/Contract/Agreement  
**End Date:** From Notice of Award/Contract/Agreement. If no end date is specified in the agreement, the standard project end date will be five years from project start date, or one year from the receipt of the last revenue installment. For Start Up Projects, end date is up to three years from start date.  
**Department Name and Number:** Department associated with the project.  
**Institute Name:** Institute associated with the project, if applicable.  
**Project Title:** Official project name as per the Notice of Award, Contract, and / or Agreement documentation.

## SPONSOR & FUNDING INFORMATION

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**Sponsor Name:** Legal entity providing funds to the institution. If funding is from an existing externally restricted project, sponsor name will be the same as the funding project. If funds are from the U of C's operating funds or an existing Internally Restricted Net Asset (IRNA) project, sponsor will be Ucalgary - Faculty/Unit. Please ensure the appropriate Dept ID owner/Project holder has signed below.

**Multi-Source Funding:** Will only be set up as a sponsor if there is a contractual requirement. Multisource may also be set up for Internally Restricted Net Asset (IRNA) projects that can receive external revenue.

**Contact Information:** Primary contact for the sponsor.

**Funding Start/End Date/Amount:** Will come from the Notice of Award, Contract, and/or Agreement documentation.

Sponsor Name	<input style="width: 95%;" type="text"/>	Phone #	<input style="width: 95%;" type="text"/>
Contact Last Name	<input style="width: 95%;" type="text"/>	First Name	<input style="width: 95%;" type="text"/>
Title	<input style="width: 95%;" type="text"/>	Email	<input style="width: 95%;" type="text"/>
Mailing Address	<input style="width: 95%; height: 40px;" type="text"/>		
Reference # (if applicable)	<input style="width: 95%; height: 30px;" type="text"/>		

Are funds for a new Endowment:

Will funds be transferred from an existing project or other university funds:

If YES, please provide the appropriate accounting string(s):

<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
Fund	Dept ID	Internal	Project	Activity	Amount

Funding Source Project Holder / Dept ID (Fund 10) Owner Signature	Print Name	Signed Date (MM/DD/YYYY)
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<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>	<input style="width: 95%; height: 30px;" type="text"/>
Fund	Dept ID	Internal	Project	Activity	Amount

Funding Source Project Holder / Dept ID (Fund 10) Owner Signature	Print Name	Signed Date (MM/DD/YYYY)
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<b>CASH FLOW DISTRIBUTION</b>	Please see attached notice of award	
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Funding Start Date <small>(MM/DD/YYYY)</small>	<input style="width: 95%; height: 30px;" type="text"/>	Funding Amount	<input style="width: 95%; height: 30px;" type="text"/>	Currency	<input style="width: 95%; height: 30px;" type="text"/>
Funding Start Date <small>(MM/DD/YYYY)</small>	<input style="width: 95%; height: 30px;" type="text"/>	Funding Amount	<input style="width: 95%; height: 30px;" type="text"/>		
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Funding Start Date <small>(MM/DD/YYYY)</small>	<input style="width: 95%; height: 30px;" type="text"/>	Funding Amount	<input style="width: 95%; height: 30px;" type="text"/>		

**PROJECT BUDGET** Please see attached Budget

Project Budget Start Date (MM/DD/YYYY)

Project Budget End Date (MM/DD/YYYY)

**Note: If multiple activities, please submit budget per activity code**

Use Standard Distribution (Salary 50%, Materials & Supplies 45%, and Travel 5%)

EXPENSE CATEGORIES		Project Year 1	Project Year 2	Project Year 3	Project Year 4	Project Year 5
<b>Salaries &amp; Scholarships</b>	Personnel (Salary, Fellowships, Scholarships)					
<b>Non-Salaries</b>	Furniture & Equipment - Capital					
	Materials & Supplies					
	Purchased Services					
	Travel					
	Overhead					
	Other					
	Other					
	Other					
<b>Expense Subtotal</b>						

**REQUIRED ATTACHMENTS** (where applicable)

\*Please note, the following are required for **ALL** Projects:

- 1) Budget
- 2) Notice of Award and/or Agreement
- 3) A statement of work describing the activities to be undertaken for this project

For all **Research** and **Start Up Grant** (i.e. Startup Funding provided by your Faculty) Projects, the following must also be included:

- 1) All requisite certifications

Please provide a description of your research / statement of work describing the activities / additional comments here:

## CERTIFICATIONS AND EARLY RELEASE OF FUNDS (if applicable)

Human Ethics Certification	<input type="checkbox"/>	Notice of Award	<input type="checkbox"/>
Animal Care Certification	<input type="checkbox"/>	Subgrant Agreement	<input type="checkbox"/>
Biosafety Permit	<input type="checkbox"/>	Executed Contract	<input type="checkbox"/>
		Statement of Work	<input type="checkbox"/>

\***Early Release of Funds** (ERF) with restricted spending is available to the Project Holder if full certification(s) are not yet in place. You will be required to complete the certification process and receive full approval within **6 months** of project creation.

Do you wish to be granted Early Release of Funds if permitted by the Sponsor?

A link on what you can spend with ERF is found at <https://www.ucalgary.ca/finance/files/finance/allowable-expenses-with-early-release-of-funds.pdf>

## PROJECT HOLDER DECLARATION AND APPROVAL SIGNATURE

The signature of the Project Holder (Signing Authority) confirms the accuracy of the information provided, including an attestation that the certifications and / or biosafety permits attached to this form are all inclusive and applicable to the Project. It also signifies agreement to use the monies for the Sponsor's specified purposes, observe the Sponsor's terms and conditions, and follow the University policies and procedures. Further, the signature of the Project Holder (Signing Authority) authorizes to include the "Requestor," if different than the Project Holder when Research Accounting sends email notification upon completion of Project Creation.

Project Holder's Signature	Print Name	Signed Date (MM/DD/YYYY)
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## DEAN / DEPARTMENT HEAD / ADR / AVP / VP – REVIEW AND APPROVAL SIGNATURES

The signature of the Dean / Department Head / ADR / AVP / VP confirms that the signing authority is eligible or acceptable and that the Department and Faculty is willing and able to accommodate the research or other activity including providing access to any required Departmental / Faculty equipment, facilities, and services. and will be carried out in accordance with applicable University policies.

**Please see attached Signature Page**

Department Head/Owner Signature (one up signature if same as Project Holder)	Print Name	Signed Date (MM/DD/YYYY)
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Dean / ADR / AVP / VP Signature	Print Name	Signed Date (MM/DD/YYYY)
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**PLEASE SUBMIT COMPLETED FORM TO:**

Industry-Sponsored Projects for Cumming School of Medicine to [medoadr@ucalgary.ca](mailto:medoadr@ucalgary.ca)

Industry-Sponsored Projects for Faculties other than Cumming School of Medicine to [legaladm@ucalgary.ca](mailto:legaladm@ucalgary.ca)

Endowment Interest Income and all other Projects with supporting documentation to [rsogrants@ucalgary.ca](mailto:rsogrants@ucalgary.ca)