



# UNIVERSITY OF SASKATCHEWAN

## RESEARCH SERVICES REQUEST FOR RESEARCH FUND FORM

**Please forward completed form with signatures and attachments to the Research Services and Ethics Office, 223 Thorvaldson - 110 Science Place.**

Principal Investigator: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_ Email: \_\_\_\_\_

Funding Agency / Sponsor: \_\_\_\_\_

Project Title: \_\_\_\_\_

**Please complete the following checklist and attach all pertinent supporting documentation.** Without ALL this information a Research Fund CANNOT be opened for these funds.

- If the application/proposal was NOT submitted to Research Services, please attach a description of the research to be performed along with the associated budget.
- Documentation from the sponsor MUST include answers to the following (e.g. Award letter):
  - What is the total funding amount?
  - What are the start and end dates of the project (day/month/year)?
  - If there are residual funds at the end of the project, are these funds to remain at the U of S or are they to be returned back to the sponsor?
  - Does the sponsor require any financial reporting, if so what?
  - Who is the contact person for the sponsor? Please provide the name, address, phone/e-mail.
  - Does an invoice for the full amount need to be sent to sponsor at the beginning of this project?
- If applicable, please attach any other supporting documentation (e.g. invoice, cheque, et cetera).

**Ethics – Animal Care – Biohazard Approval** - A research account CANNOT be opened until appropriate protocol has been approved. Does this research require:

an Animal Care certificate?                      Yes      No                      Certificate number \_\_\_\_\_

a Human Ethics certificate?                      Yes      No                      Certificate number \_\_\_\_\_

a Biosafety certificate?                      Yes      No                      Certificate number \_\_\_\_\_

The use of any Saskatoon Health Region (SHR) facilities?                      Yes      No

### REQUIRED SIGNATURES:

Principal Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_

***If you have any questions, please contact the Research Services and Ethics Office at (306) 966-8576 and your call will be directed accordingly.***