



UM Project # _____

Competition Deadline: _____

Funding Application Approval Form (FAAF)

(OFFICE OF RESEARCH SERVICES (ORS) USE ONLY)

This form must be completed by all U of M members submitting hard copy or online applications as either principal investigators or co-investigators

<p>Hard Copy Submission</p> <p>Bring to ORS, the agency's completed application along with a completed copy of this FAAF.</p>	<p>On-line Submission</p> <p>Bring to ORS, a single copy of your application, along with a completed copy of this FAAF. Once ORS has deemed the application complete, ORS will advise you to proceed with the submission.</p>
--	--

A. U of M Principal Investigator - Contact Information

Last Name:	First Name:	Department:	Employee #
		Faculty:	Phone #

B. Co-Investigators

U of M Co-Investigator(s): Name, Department	Non U of M Co-Investigator(s): Name, Institutional Affiliation
For fellowships only - Name(s)	If not U of M project lead, please indicate Principal Investigator

C. Funding Agency

Sponsor: (Agency/Institution providing funds)	Originating Sponsor: (if known)
Sponsor Program Name:	Program Type: (e.g. Operating, equipment, fellowship, partnership, etc.)
Are there collaborating sponsors? Yes No	Name of collaborating sponsors (if any): <i>For joint funding initiatives, please complete a separate form for each sponsor</i>

D. Project

Proposal Title:	
Does the research involve clinical trials? Yes No	Term (mm/dd/yy) From: To:
Does the research involve the Space Sector? (e.g. NASA, Canadian Space Agency, etc.) Yes No	
Does any research/collaboration involve research in a country other than Canada? Yes No If Yes, what country: _____	

Does your project have IST Procurement needs? Yes No

E. Richardson Centre for Functional Foods and Nutraceuticals (Use if working at RCFFN)

Indicate the percentage of the grant associated with RCFFN _____ %	_____ Director, RCFFN	_____ (Signature)
--	--------------------------	----------------------

F. Budget Summary (fill in yearly totals and attach BUDGET SUMMARY with proposal)

Total Funds Requested From Sponsor	Year 1	Year 2	Year 3	Year 4	Year 5
\$	\$	\$	\$	\$	\$

For Office Use: Institutional Costs: %

G. Ethical Reviews						
Does this project involve the use of:	Yes	No	If Yes,	Approval	Pending	Attached
Human participants?						
Human stem cells?						
Vertebrate animals?						
Risk group 1-4 biological agents?						
Environmental Impact?					If Yes, assessment required	
<i>(For multi-institution projects, please e-mail respective coordinator to determine correct compliance procedures found on OREC website)</i>						
Please identify if/when the project requires multiple human and/or animal ethics review: (e.g. 2 Human ethics reviews required, both in the 1st year)						

H. Health Research	
Does this application fall under the broadly defined area of health research? (e.g. biomedical, healthservices, psychosocial, population health or behavioral research, etc)	<p>a. Is this application being submitted to:</p> <p>i. An extra provincial granting agency that conducts peer review?</p> <p>ii. Industry (either within or outside of Manitoba)?</p> <p>b. On whose premises will the majority of this research be conducted? (Check one)</p> <p>i. University of Manitoba (including but not limited to floor 4 of Brodie Centre)</p> <p>ii. HSC (including floors 7 & 8 of John Buhler Research Centre)</p> <p>iii. CHRIM (John Buhler Research Centre - floors 5 & 6)</p> <p>iv. St. Boniface Research Centre</p> <p>v. CancerCare Manitoba</p> <p>vi. Other _____</p>
Yes	No
(If Yes, answer a & b)	

I. Partners for Health & Development in Africa (PHDA)	
Will this project be managed by PHDA:	Yes No

J. Required Signatures	
Declaration	
The undersigned agree to the identity of the principal investigator and are satisfied with the contents for the attach proposal. The undersigned certify that the project will be conducted in accordance with the attached proposal as well as with the policies and procedures of the University and the approved conditions of the Sponsor. The Principal Investigator further certifies his/her responsibility for any over expenditure on the award.	
_____	The sum of all U of M investigators must total 100%
U of M Principal Investigator	
Responsible for ____% of U of M's contribution	
_____	_____
U of M Co-Investigator	U of M Co-Investigator
Responsible for ____% of U of M's contribution	Responsible for ____% of U of M's contribution
_____	_____
U of M Co-Investigator	U of M Co-Investigator
Responsible for ____% of U of M's contribution	Responsible for ____% of U of M's contribution

***Note* Department Head and Dean's signatures for Co-Investigators are no longer required on this Funding Application Approval Form (FAAF)**

ACCEPTANCE The undersigned certifies their knowledge of this research and their agreement that the award obligations can be fulfilled and that departmental resources are available for the projects's execution.

Principal Investigator's Department Head

The undersigned certifies their knowledge of this research and acknowledges overall responsibility for the provision of all resources other than those covered by the award that are necessary for the project's execution. The undersigned further certifies that space and any alteration cost thereto are available from Faculty resources and that if this is not the case, they will obtain prior approval from Vice-President (Administration) (such approval to be attached).

Principal Investigator's Dean or Director

Date Signed

The undersigned acknowledges that the project will be performed in accordance with the policies and procedures of the university and the approved conditions of the Sponsor, and that the University will accept responsibility for the administration of the project funds.

Director, Office of Research Services or designate of VP (Research and International)

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purposes of assessing eligibility for funding, communication and for institutional reports on research activities. Information regarding awards may be made public. Your personal information may be shared with external funding agencies as required. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.