



OFFICE OF RESEARCH SERVICES (ORS)  
Funding Application Approval Form (FAAF)

UM Project # For office use only

This form must be completed by all UM researchers submitting hard copy or online applications as either principal investigators or co-investigators

**Submission:** Submit completed and fully signed FAAF with application and any supporting documents to the Office of Research Services (ORS)

**NEW:** Grants submitted to: [researchgrants@umanitoba.ca](mailto:researchgrants@umanitoba.ca)

Contracts submitted to: [researchcontracts@umanitoba.ca](mailto:researchcontracts@umanitoba.ca)

**A. UM Principal Investigator - Contact Information**

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

**B. Co-Investigators**

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

**C. Funding Agency**

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

**D. Project**

Project Title:		
Does the research involve clinical trials? Yes    No	Term (mm/dd/yy)	
Does the research involve the Space Sector? (e.g. NASA, Canadian Space Agency, etc.) Yes    No	From:	
Will this project be managed by Partners for Health & Development in Africa (PHDA): Yes    No	To:	
Does any research/collaboration involve research in a country other than Canada? Yes    No    If Yes, what countries: _____	Competition Deadline:	Grant Contract
Will project be associated with Richardson Centre for Functional Foods and Nutraceuticals (RCFFN)? Yes    No    Indicate the percentage of the project associated with RCFFN _____ %		

**E. 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:                    %					

F. Ethical Reviews						
<b>Does this project involve the use of:</b>	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 ethics coordinator to determine correct compliance procedures found at <a href="http://umanitoba.ca/research/orec/index.html">http://umanitoba.ca/research/orec/index.html</a>)</i>						
<b>Please identify if/when the project requires multiple human and/or animal ethics review: (e.g. 2 Human ethics reviews required, both in the 1<sup>st</sup> year)</b>						
_____						

G. Health Research (needed for provincial health grant)	
<b>Does this application fall under the broadly defined area of health research?</b> (e.g. biomedical, healthservices, psychosocial, population health or behavioral research, etc)	<b>On whose premises will the majority of this research be conducted? (Check one)</b>
Yes                      No	i. University of Manitoba (including but not limited to floor 4 of Brodie Centre) ii. HSC (including floors 7 & 8 of John Buhler Research Centre) iii. CHRIM (John Buhler Research Centre - floors 5 & 6) iv. St. Boniface Research Centre v. CancerCare Manitoba vi. Other _____ (e.g. hospital, healthcare facilities, etc.)

H. Required Signatures			
<b>Declaration</b>			
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.			
_____		<b>Sum of all UM investigators must total 100%</b>	
UM Principal Investigator			
Responsible for _____ % of UM's contribution			
_____	_____	_____	_____
UM Co-Investigator	UM Co-Investigator	UM Co-Investigator	UM Co-Investigator
Responsible for _____ % of UM's contribution	Responsible for _____ % of UM's contribution	Responsible for _____ % of UM's contribution	Responsible for _____ % of UM's contribution

<b>ACCEPTANCE</b> The undersigned certifies their knowledge of this research, agreement that the award obligations can be fulfilled, and that departmental resources are available for the project's execution.	
_____	_____
Principal Investigator's Department Head	Date Signed

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)	

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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.