



PROJECT REQUEST FORM

For Questions or HELP with the completion of this form, please contact (403) 210 - 9300 or finance@ucalgary.ca

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

INSTRUCTIONS

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 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 internally restricted (IRNA) 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.

PRE-ASSESSMENT QUESTIONNAIRE

Does your Project involve a Gift / Donation? If **YES**, please contact the Office of Advancement at giftcompliance@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

All other Faculty Members please contact Research Services Legal Office at legaladm@ucalgary.ca

Does your Project involve Political Activities? If **YES**, please contact the Government Relations Office <https://ucalgary.ca/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 <small>(YYYY/MM/DD)</small>	<input type="text"/>	End Date <small>(YYYY/MM/DD)</small>	<input type="text"/>
Department Name	<input type="text"/>	Dept ID	<input type="text"/>
Institute / Centre <small>(if applicable)</small>	<input type="text"/>		
Project Title	<input type="text"/>		

SPONSOR AND FUNDING INFORMATION

INSTRUCTIONS

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 funding is from an existing externally restricted Multi-Source project, sponsor name will be "Project Funded." If funds are from the UCalgary'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. Note, funding project cannot be Classification "External Award."

Multi-Source Funding: For externally restricted projects, Multi-Source will only be set up as a sponsor if there is a contractual requirement. Multi-Source 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			
Contact Name		Phone #	
Title		Email	
Mailing Address			
Reference # 1 <small>(if applicable)</small>		Reference #2 <small>(if applicable)</small>	

Are funds for a new Endowment?

Should project be attached to a Parent Project?

New Parent Project Number Required

Existing Parent Project Number

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

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

Fund	Dept ID	Internal	Project	Activity	Amount

Fund	Dept ID	Internal	Project	Activity	Amount

CASH FLOW DISTRIBUTION

Funding Start Date <small>(YYYY/MM/DD)</small>		Funding Amount		Currency	
Funding Start Date <small>(YYYY/MM/DD)</small>		Funding Amount			
Funding Start Date <small>(YYYY/MM/DD)</small>		Funding Amount			
Funding Start Date <small>(YYYY/MM/DD)</small>		Funding Amount			
Funding Start Date <small>(YYYY/MM/DD)</small>		Funding Amount			

PROJECT BUDGET

Project Budget Start Date
(YYYY/MM/DD)

Project Budget End Date
(YYYY/MM/DD)

Budget Submitted

Activity Code
(if applicable)

Note: Only detail budgets provided by financial statement line will be uploaded to eFIN

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

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

CERTIFICATIONS (if applicable)

For all **Research** and **StartUp Grants** (i.e. StartUp Funding provided by your Faculty), all requisite certifications must be included:

Human Ethics Certification	<input type="text"/>	If Yes , Certificate Number(s) <small>(if known)</small>	<input type="text"/>
Animal Care Certification	<input type="text"/>	If Yes , Certificate Number(s) <small>(if known)</small>	<input type="text"/>
Biosafety Permit	<input type="text"/>	If Yes , Permit Number <small>(if known)</small>	<input type="text"/>

If required certificates or permits are not yet in place, you may be eligible for early project creation under Early Release of Funds (ERF) provisions with restricted spending. The submitting office will be in touch with you regarding this option, should the Sponsor permit it.

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

REQUIRED ATTACHMENTS

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

<input type="text"/>	Notice of Award, Contract, or Agreement (Externally Restricted – EXTRD – Fund 60 and 70)
<input type="text"/>	Email and / or Notification (Internally Restricted Net Asset – IRNA – Fund 11, 12, 13, and 14)
<input type="text"/>	Statement of Work describing the activities to be undertaken for this project

ADDITIONAL COMMENTS / INFORMATION / ACTIVITY CODES

*Please note, the Project will be setup with Activity Code “00000”; Activity Name “General” unless multiple activities requested below (for multiple activities, it is suggested not to use Activity Code “00000” as it is a default in Peoplesoft):

Activity Code	Activity Name	Activity Code	Activity Name	Activity Code	Activity Name

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 from the Project Holder when Project Maintenance sends email notification upon completion of Project Creation.

Project Holder’s Signature

Print Name

Signed Date
(YYYY/MM/DD)

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. Both signatures confirm that the activities and arrangement conform to and will be carried out in accordance with applicable University policies.

Department Head / Owner Signature
(one up signature if same as Project Holder)

Print Name

Signed Date
(YYYY/MM/DD)

Dean / ADR / AVP / VP Signature

Print Name

Signed Date
(YYYY/MM/DD)

PLEASE SUBMIT COMPLETED FORM WITH SUPPORTING DOCUMENTS TO:

Residual Balance Projects to finance@ucalgary.ca

Endowment Interest Income Projects to rsogrants@ucalgary.ca

Industry-Sponsored Projects for Cumming School of Medicine to medoadr@ucalgary.ca

Industry-Sponsored Projects for Faculties other than Cumming School of Medicine to legaladm@ucalgary.ca

All other Projects to rsogrants@ucalgary.ca

Project Request Form