

## OUTGOING FUNDING REQUEST FORM

Complete the following sections and email the form to [orsfinance@uvic.ca](mailto:orsfinance@uvic.ca). Processing timelines may vary depending on the nature of the request.

1. Sections 1, 2, and 3 (Mandatory)
2. Sections 4 (New Request Only) or Section 5 (Amendment Only)
3. Appendix A or B

### 1. UVIC INFORMATION

UVIC Principal Investigator (PI)

PI Email Address

Form Submitted By (if different from PI)

Submitter Email Address

Request Date

### 2. RECIPIENT INFORMATION

Recipient Entity Legal Name

Recipient Administrative Email

(ORS to enter, if necessary)

Recipient Investigator

Recipient Investigator Email Address

Recipient Investigator Role on Funding Application  
(choose one)

Co-applicant/Co-PI

Co-Director

Partner

Collaborator

Other

Please specify: \_\_\_\_\_

Additional Emails to be Copied on Correspondence

### 3. PRIMARY FUNDING INFORMATION

Funding Agency Name

Funding Agency Award No. (If applicable)

FAST Account (Funds to be taken from)

If you are sending funds to the Recipient for the **FIRST** time from this FAST account,  
Fill out [Section 4 – New Request](#)

If you have previously sent funds to the Recipient and would like to **AMEND** the existing  
agreement, Fill out [Section 5 – If Amending A Previous Request](#)

## 4. NEW REQUEST

Amount (Note currency if not in CAD \$)

Project Term

\_\_\_\_\_ to \_\_\_\_\_  
YYYY-MM-DD YYYY-MM-DD

If the Use of Funds Period is different than the Project Term,  
complete the following

\_\_\_\_\_ to \_\_\_\_\_  
YYYY-MM-DD YYYY-MM-DD

Can the funds be carried over to the overall project end date?

Yes No

Will the recipient be conducting research involving humans?

Yes No

Will the recipient be conducting research involving animals?

Yes No

Can you confirm that the transfer and expenses are eligible under the  
primary funding held at UVIC? (See Section 3)

Yes No

### Fill out Appendix A or B

Funds are from *(choose one)*:

Tri-Agency (excluding NSERC Alliance), Michael Smith

[Fill out Appendix A](#)

Other Funding Sources or NSERC Alliance

[Fill out Appendix B](#)

### AUTHORIZATION

Principal Investigator Signature

Date

## 5. IF AMENDING A PREVIOUS REQUEST

*Check all the box / boxes that apply and include the necessary information:*

Additional Funding	Amount Transferred this Agreement	_____
		(Note currency if not in CAD \$)

Total Amount Transferred

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(Note currency if not in CAD \$)

Subgrant Use of Funds Period \_\_\_\_\_ to \_\_\_\_\_  
 YYYY-MM-DD YYYY-MM-DD

No Cost Extension      Revised End Date      \_\_\_\_\_  
 YYY-MM-DD

Early Termination Revised End Date \_\_\_\_\_  
 YYYY-MM-DD

Change in Recipient	Previous Recipient Investigator	
	New Recipient Investigator	
	Effective Date of Change	YYYY-MM-DD

Revised Documents      Revised Budget  
Revised Statement of Work

**Fill out Appendix A or B**

Funds are from <i>(choose one)</i> :	Tri-Agency (excluding NSERC Alliance), Michael Smith	<a href="#">Fill out Appendix A</a>
	Other Funding Sources or NSERC Alliance	<a href="#">Fill out Appendix B</a>

## AUTHORIZATION

Principal Investigator Signature	Date
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## APPENDIX A (TRI-AGENCY, EXCLUDING NSERC ALLIANCE)

Note that the sub-grant budget must adhere to sponsor guidelines and approved use of funds.

### STATEMENT OF WORK

#### BUDGET

Expense Category		Amount for the Current Agreement
Student salaries (including benefits)	(a) Bachelor's	
	(b) Master's	
	(c) Doctorate	
Non-student salaries (including benefits)	(a) Postdoctoral	
	(b) Other	
Professional and technical services/contracts		
*Equipment (including powered vehicles)		
Material, supplies and other expenditures		
Travel		
Indirect cost/overhead (if applicable)		
<b>Total</b>		

Any equipment purchased with these grant funds (if an approved expense) belongs to the recipient institution:

☐ Yes ☐ No

## APPENDIX B (NSERC ALLIANCE OR NON-TRI-AGENCY)

### STATEMENT OF WORK (noting deliverables, if any)

SOW should be sufficiently clear and detailed that someone not involved in the Project could accurately determine whether it had been completed.

### ADDITIONAL NOTES (e.g. intellectual property structure)

### BUDGET (complete only applicable years)

Note that the budget must adhere to sponsor guidelines and approved use of funds.

Expense Category		Year			Year			Year		
			to			to			to	
		YYYY-MM-DD		YYYY-MM-DD	YYYY-MM-DD		YYYY-MM-DD	YYYY-MM-DD		YYYY-MM-DD
Student salaries	(a) Bachelor's									
	(b) Master's									
	(c) Doctorate									
Non-student salaries	(a) Postdoctoral									
	(b) Other									
Professional/technical services										
*Equipment										
Materials and Supplies										
Travel										
Events										
<b>Total</b>										

Please note that payment schedules will match those of the primary funding held at UVic (please see Section 3). If you have questions regarding payment frequencies or structures, please contact [contract@uvic.ca](mailto:contract@uvic.ca).

\*Any equipment purchased with these grant funds (if an approved expense) belongs to the recipient institution:

☐ Yes ☐ No