

**THE UNIVERSITY OF BRITISH COLUMBIA**

**FACULTY OF MEDICINE**

**Spring Start Up Funds**

Application Guidelines

**ELIGIBILITY**

* Applicants must be in the first two years of a full-time faculty appointment as Assistant Professor and higher, or a Clinical faculty appointment as Clinical Assistant Professor and higher in the Faculty of Medicine at the University of British Columbia.
* Previous awardees of UBC Faculty of Medicine Spring Start Up Funds, and applicants who have received $200,000 or more in Start Up Funds are ineligible.

**CRITERIA FOR USE OF FUNDS**

* Research equipment, research supplies and/or research services (e.g. cost recovery payments to core equipment) and research support salaries (e.g. technical personnel).

**AWARD AMOUNT**

* A maximum of $5,000 will be awarded to the successful applicant(s).

**EVALUATION**

* Applications will be reviewed by a committee composed of Faculty members within the Faculty of Medicine. Consideration will be given to the following factors:
* Potential and quality of the proposed research
* Proposed uses and impact of the funds
* Does the applicant have sufficient time to devote to research?
* Scholarly productivity of the applicant commensurate with the stage of career
* Will the applicant be competitive for external funding?

**A COMPLETE APPLICATION INCLUDES:**

* Completed Application Form
* Research Project Information Form\*
* UBC CV (including publication list)

*\*Signature from the Executive Associate Dean, Research not required at time of submission.*

**Email complete application to:**

Dr. Howard Feldman

Executive Associate Dean, Research

**c/o** med.research@ubc.ca

 **DEADLINE: June 30, 2015**

*If you have questions regarding this process, please contact*

*Lisa Ritland at: 604-822-8633 or email:* *med.research@ubc.ca*



# Faculty of Medicine

**Dean’s Office**

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# UBC Faculty of Medicine Spring Start Up Funds

**2015 Application Form**

**DEADLINE: June 30, 2015**

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| Principal Investigator’s Surname, Given Name(s):       | Phone Number:      | Email address:      |
| Academic Rank:      | Appointment Date:      | Mailing address:      |
| Faculty of Medicine Department:      | Faculty of Medicine Division:      |
| Have you previously received Spring Start Up Funds from the UBC Faculty of Medicine? Yes [ ] **No** [ ]  |
| Have you received $200,000 or more in Start Up Funds?**Yes** [ ] **No** [ ]  |
| Project Title:       |
| Please use Times New Roman 12 point font, single spaced |
| **Proposed Research (1/2 page maximum):**      |
| **Objectives of Research (1/2 page maximum):**      |
| **Relevance of Work (1/2 page maximum):**      |
| **Proposed Use of Funds:**      |
| **Brief statement of how these funds will help to establish your research program:**      |
| **Please indicate the percentage of time you devote to the following categories: Research, Clinical Practice, Formal Teaching, Administrative, Other (if necessary)**      |
| **List of Funds Applied for or Pending:**      |
| **Signature** | **APPLICANT** | **DEPARTMENT/UNIT HEAD** |
| **Name** |       |       |
| **Date** |  |  |