

**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](mailto:lisa.wong@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*](mailto: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** |  | | | |  | | |