1. **Signatures:**

**Name Signature Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **Dean:** |  |  |  |
| **Associate Dean or Director:** |  |  |  |
| **Program Head /  Chief Instructor  (or equivalent):** |  |  |  |
| **Researcher / Principal Investigator(s):** |  |  |  |

1. **Letters of Support:**

|  |  |
| --- | --- |
| **Letter from Dean or VP attached, confirming any additional funding?** | Yes / No |
| **Letters of support from internal and external partners attached?** | Yes / No |

1. **Research Ethics Board Approval (if required):**

|  |  |  |
| --- | --- | --- |
| **Does this project involve human subjects?** | | Yes / No |
| **Does this project involve animals?** | | Yes / No |
| **Has Research Ethics Board approval been obtained?** | | Yes / No |
| **Date of approval**: | **Certificate #**: | |

1. **Intellectual Property Protection (if required):**

|  |  |  |
| --- | --- | --- |
| **Is the proposed activity likely to result in protectable Intellectual Property?** | | Yes / No |
| **Has Intellectual Property been disclosed to ARLO?** | | Yes / No |
| **Has provisional protection been initiated?** | | Yes / No |
| **Date of ARLO contact**: | **File #**: | |

1. **Research Proposal:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Project Title**: | | | | |
| 1. **Date of Application**: | | | | |
| 1. **Project Start and End Dates**: | | | | |
| 1. **Name(s) of Researcher / Principal Investigator (s)**: | | | | |
| 1. **BCIT Department**: | | | | |
| 1. **BCIT School / Division**: | | | | |
| 1. **Researcher Background Information (1 pg. max)**: Research interests, industry experience, publications (papers, presentations, reports), BCIT service, courses instructed, etc. | | | | |
| 1. **Summary of Proposed Research (1 pg. max)**: | | | | |
| 1. **Total amount of funding requested:** | | | | |
| **Year 1** | | **Year 2** | **Year 3** | |
| $ | | $ | $ | |
| 1. **Funding available from internal and external partners (specify)**: | | | | |
| 1. **Budget:** Please provide a detailed list of budget expenses for the project. Eligible expenses include backfill and benefit costs, materials costs, travel costs (1 pg. max.)   **Please itemize the projected expenses: Estimated amount:** | | | | |
| **1.** |  | | | $ |
| **2.** |  | | | $ |
| **3.** |  | | | $ |
| **4.** |  | | | $ |
| **5.** |  | | | $ |
| **6.** |  | | | $ |
| **7.** |  | | | $ |
| **8.** |  | | | $ |
| **9.** |  | | | $ |
| **10.** |  | | | $ |
| **Total:** | | | | **$** |

|  |  |  |
| --- | --- | --- |
| **Budget Justification (1 pg. max.)**: | | |
| 1. **Description of existing or proposed facilities required to successfully complete the research project (1 pg. max.)**: | | |
| 1. **Description of student participation in the project – numbers of students, educational program(s), project activities**: | | |
| 1. **Description of partnerships with other BCIT Schools or departments required to complete the project**: | | |
| 1. **Description of external partnerships (industry; university, institute or college; non-profit organizations) required to complete the project**: | | |
| 1. **List other personnel required to support the research project. Include time estimates and role in the project**. | | |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |
| **6.** |  |  |
|  | | |
| 1. **Reporting Criteria:** Each funded project will be evaluated at the end. Please suggest evaluation criteria and timing that would be appropriate to evaluate the success of your project. | | |