Release of Research Funds Prior to Ethics Review

For multistage projects where activities involving human participants (and/or their data) or animals will only take place in the future and the research methodology is not sufficiently developed to prepare a complete ethics submission, the PI must provide an estimate of funds required for the non-ethics related work to determine the portion of funds to be made accessible to the PI. Please submit the form to the Research Facilitator who you are working with to set up a FOAPAL.

**Where will the research be submitted**

|  |  |  |  |
| --- | --- | --- | --- |
| Research Ethics Board (REB) |  | President’s Committee on Animal Care (PCAC) |  |

**Project Details**

|  |  |
| --- | --- |
| Principal investigator |  |
| Dept/faculty/centre/institute |  |
| Project title |  |
| Total funds awarded ($) |  |
| Sponsor |  |

**Period during which no human participants or animals will be used**

|  |  |  |  |
| --- | --- | --- | --- |
| from (dd/mm/yyyy) |  | to (dd/mm/yyyy) |  |

**Budget**

Please provide a description and budget for the specific activities that do not include animals or humans. **If funds are needed to hire research personnel, please indicate the tasks to be done during the time period.** The funds required should relate to the activities of that period.

|  |  |
| --- | --- |
| **activity/description** | **Funds required ($)** |
|  |  |
|  |  |
|  |  |
| Total funds required |  |

*IMPORTANT: If delays prevent a certificate of approval from been issued for work with humans or animals by the end date above, contact the Research Office to avoid access to your research funds being restricted.*

By submitting this form, I guarantee that no research involving human participants (and/or their data), or animals will occur during the time period specified above and that I will submit an ethics review application and receive approval prior to engaging in any research activities involving humans or animals.

|  |  |  |
| --- | --- | --- |
| Principal Investigator - please print name | signature | date |
| Compliance Officer, Research Office – signature | total funds prorated | date |

***NOTE:*** *Please submit the completed and signed form to the Research Office: research.office@uregina.ca*