**Request for Release of Funds**

To: The Research Ethics Board Coordinator (ethics@cbu.ca)

|  |  |
| --- | --- |
| **Name of Applicant** (Principal Investigator):  |  |
| **Department:**  |  |
| **Email Address:** |  |
| **Funding Source/Agency:** |  |
| **Funding Program:** |  |
| **Award Number/Date of Award:** |  |
| **Project Title:** |  |

|  |
| --- |
| **Please provide a brief description of the research (300 words).** |
|  |

|  |
| --- |
| **Why is access to funds required prior to receiving REB approval for the project?** |
|  |

|  |
| --- |
| **Please outline all activities you plan to undertake prior to the receiving research ethics approval.** |
|  |

|  |
| --- |
| **Provide a detailed budget and budget justification for expenses related to the activities outlined above (expenses to be incurred before human participants become involved). Itemize specific uses of funds and associated costs. (e.g., to hire an RA to conduct a literature review, assist with writing the REB application, etc.)** |
|  |

**To facilitate implementation of research projects, we encourage researchers to plan for the time needed to write Research Ethics Board applications and receive approval from the REB. Please provide approximate dates as requested below:**

|  |
| --- |
| **Anticipated date of submission to the Research Ethics Board(s). *If applicable, include the CBU Animal Care Committee and REBs external to CBU such as Mi’kmaw Ethics Watch, other universities, etc.*** |
| Anticipated date of REB application submission: Click or tap to enter a date.Anticipated date of other review board submission (if applicable):Click or tap to enter a date. |

|  |
| --- |
| **Anticipated or desired date of REB approval. \**Allow at least 60 days for review and potential revisions*:** |
| Anticipated date of REB approval: Click or tap to enter a date. |

**By signing this agreement, I confirm that I will submit my study for all appropriate research ethics approval(s), and that no research activities involving animals or human participants will begin until ethics approval has been granted.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Signature of Principal Investigator Date

**Release of Funds Approved:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office of Research and Graduate Studies Date