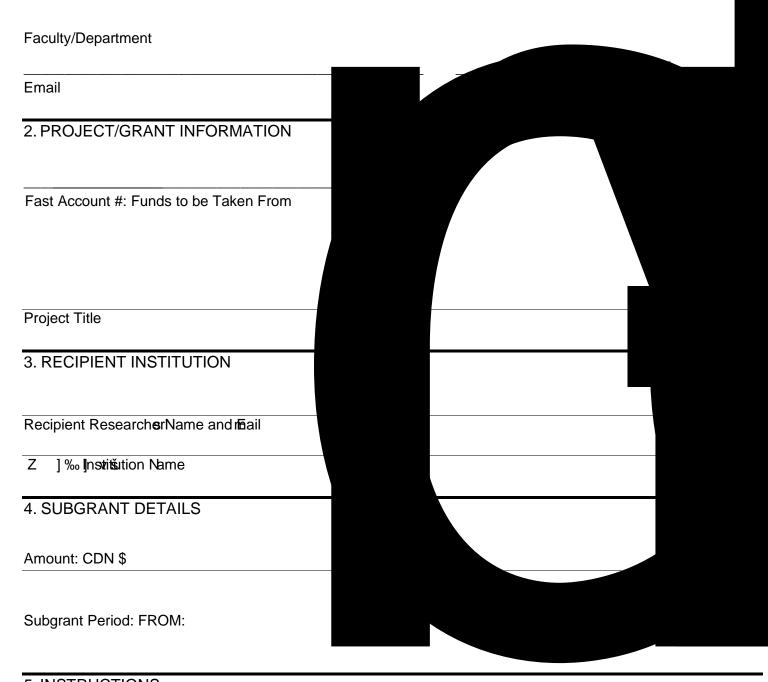


Office of Research Services (ORS)

1. UVicAWARDEE/PRINCIPAL INVESTIGATOR



5. INSTRUCTIONS

Please completettached Appendix B (pag2). Note that the sub-grant budget must alhere to sponsor gidelines & approved use of funds. This Appendix must be typed and signed a



APPENDIX

1. RECIPIENT INSTITUTION		
Colnvestigator's Name		
Recipient Institution		
2. STATEMENT OF WORK		
3. BUDGET Expense Category		Amount(CDN \$)
	(a) Bachelor's	Amount(ODIV 4)
	(b) Master's	
	(c) Doctorate	
	(a) Postdoctoral	
	(b) Other	
Professional and technical services/contracts		
*Equipment (including powered vehicles)		
Materials, supplies and other expenditures		
Travel		
Indirect costs/overhead (if applicable)		
	Tatal CDNI ©	
	Total CDN \$	
*Equipment Any equipment purchased with these grant funds (if an	approved expense) below	ngs to the recipient institution:
Yes or No		
AUTHORIZATION		
Grant holsraYes _		