



APPLICANT DETAILS			
<b>UBCO FACULTY LEAD</b>			
SURNAME:		GIVEN NAME:	
FACULTY:		DEPARTMENT:	
E-MAIL ADDRESS:		TELEPHONE:	
<b>CITY OF KELOWNA OPERATIONAL STAFF LEAD</b>			
SURNAME:		GIVEN NAME:	
DEPARTMENT:			
E-MAIL ADDRESS:		TELEPHONE:	
<b>TEAM MEMBERS (UP TO 4)</b>			
SURNAME	GIVEN NAME	INSTITUTION (UBCO / CITY)	FACULTY/DEPARTMENT
<b>PROJECT OVERVIEW</b>			
<b>SELECTED CHALLENGE</b>			
<input type="checkbox"/> CHALLENGE #1 – SOLID WASTE MANAGEMENT & RECYCLING <input type="checkbox"/> CHALLENGE #2 – CLIMATE RESILIENCE AT THE PARCEL LEVEL			
<b>PROJECT TITLE</b>			



<b>ANTICIPATED PARTNERSHIP FUNDING REQUEST (CITY OF KELOWNA + UBCO)</b>		<i>e.g. \$25,000/year for 2 years</i>
<b>ETHICS CERTIFICATION</b>		
Research involving human subjects, animals, or bio-hazardous material requires an active Certificate of Approval before funds will be released ( <a href="http://ors.ok.ubc.ca/ethics.html">http://ors.ok.ubc.ca/ethics.html</a> )		
CERTIFICATION IS REQUIRED:	NO	YES
		CERTIFICATE NUMBER: _____
If yes, please indicate:	HUMAN	ANIMAL
		BIOHAZARD
<b>SIGNATURE SECTION:</b>		
I verify that all the information contained within this application is true and complete, to the best of my knowledge.		
<b>UBCO APPLICANT</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>DEPARTMENT / UNIT HEAD</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>
<b>DEAN OR DEAN DESIGNATE</b>		
<b>NAME:</b>	<b>SIGNATURE:</b>	<b>DATE:</b>