UNIVERSITY OF GHANA



**OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT (ORID)**

RESEARCH SUPPORT REQUEST FORM

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| No. | **SUPPORT REQUESTED** | **PLEASE TICK AS APPROPRIATE** |
| 1 | **Letter of Support/ Endorsement*****(Up to 5 working days for processing)***Documents required:[ ]  Completed grant application form and/or Draft proposal/ Concept note[ ]  Budget ***(with 25% overheads incorporated)***[ ]  Call for Proposal/ Application document [ ]  Draft/ sample letter *(if provided by funder/ donor)*  | [ ]  |
| 2 | **Signature of Authorized Institutional Representative for research contracts, agreements, etc.*****(Up to 10 working days for processing)***Documents required:[ ]  Approved proposal (i.e. proposal submitted and accepted by funder/donor)[ ]  Approved budget ***(with 25% overheads incorporated)***[ ]  Electronic copy of contract/ agreement sent by email to the relevant Satellite Office below | [ ]  |
| 3 | Letter of Intent***(Up to 5 working days for processing)***Documents required:[ ]  Information on grant opportunity being responded to[ ]  Call for Proposals/ Application document[ ]  Draft letter *(if provided by funder/ donor)* | [ ]  |
| 4 | Completion of Due Diligence Forms***(Up to 7 working days for processing)***Documents required:[ ]  Draft/ approved proposal[ ]  Draft/ approved budget *(if available)*[ ]  Electronic copy of documents sent via email to the relevant Satellite Office below | [ ]  |

**PROCEDURE FOR REQUESTING SUPPORT FOR ANY OF THE ABOVE:**

1. Complete and submit this form with the relevant supporting documents for endorsement by your Head of Department.
2. Submit the endorsed research support request form with all supporting documents to the appropriate underlisted office for review and action:

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| --- | --- | --- | --- |
| **Pre-& Post Award Sub-team** | **Units Assigned** | **EMAIL** | **IP Number(s)** |
| **Central Office** | * College of Basic and Applied Sciences
 | orid-ppa@ug.edu.gh  | 2722/1027/2713 |
| **ISSER Satellite Office** | * College of Humanities
* College of Education
 | orid-iso@ug.edu.gh  | 2723 |
| **NMIMR Satellite Office** | * Noguchi Memorial Institute for Medical Research
* School of Pharmacy
* School of Nursing
* School of Public Health
 | orid-nso@ug.edu.gh  | 1031 |
| **Korle-Bu Satellite Office** | * College of Health Sciences (Korle-Bu Schools/ Centres)
 | orid-kso@ug.edu.gh  | 7427 |

APPLICANT DETAILS:

|  |
| --- |
| NAME: |
| DEPARTMENT: | GRADE *(I.E., LECTURER, RESEARCH FELLOW ETC):* |
| EMAIL ADDRESS(ES): | CELL PHONE NO: |
| TITLE OF PROPOSAL ***(PLEASE ATTACH COPY OF PROPOSAL/ CONCEPT)****:* |

|  |
| --- |
| FUNDER/ DONOR/ SPONSOR: |
| DEADLINE FOR SUBMISSION OF DOCUMENT(S) REQUIRED: |
| ADDRESS FOR LETTER OF SUPPORT/ ENDORSEMENT |

**SIGNATURE**

|  |  |
| --- | --- |
| SIGNATURE OF APPLICANT: | DATE: |

**ENDORSEMENT BY HEAD OF DEPARTMENT**

I confirm that the School/ Institute/ Centre/ Department of……………………………………………………………………….

 is in full support of the project described in the attached proposal. We are confident that the focus of the research described in the attached proposal falls in line with the School/ Institute/ Centre/ Department’s research priorities.

Please attach on a separate sheet, any additional comments that supports this request

|  |
| --- |
| NAME OF HOD: |
| SIGNATURE AND DEPARTMENTAL STAMP: | DATE: |

**THIS FORM AND ALL ORIGINAL COPIES OF THE RELEVANT SUPPORTING DOCUMENTS MUST NOW BE FORWARDED TO THE APPROPRIATE PRE-& POST AWARD OFFICE FOR FOLLOW-UP ACTION**

|  |
| --- |
| DATE RECEIVED BY PRE-& POST AWARD OFFICE: |
| NAME AND SIGNATURE OF RESEARCH DEVELOPMENT OFFICER CERTIFYING THAT THE DOCUMENT HAS BEEN CHECKED AND THAT ALL ORIGINAL SUPPORTING DOCUMENTS REQUIRED ARE ATTACHED:  |

FOR OFFICIAL USE ONLY

|  |
| --- |
| Date of Receipt at ORID: |

|  |
| --- |
| Decision: |

|  |  |
| --- | --- |
| Action taken by: | Date: |