

**Science Academic Equipment Fund**

The Faculty of Science will provide funding of up to $100,000 a year for academic equipment that supports teaching and learning. Funding will be allocated through an annual competition.

* Proposals must demonstrate how the teaching and learning goals of a department/unit will benefit from the equipment purchase.
* Proposals are welcome for small and large equipment purchases. There is no maximum amount per application (up to the $100,000 allocated each year).
* Consumables and operational costs are not eligible for funding; past purchases are not eligible for retroactive funding.
* Matching funds are required.
* Funding requests must include a completed application form and quotes from three vendors for purchases >$3,500.
* Approval of the head or director of your home department or program is required. Please check with your department for an internal deadline prior to the final deadline.
* The Academic Equipment Fund competition will be adjudicated by the Science Centre for Learning and Teaching (Skylight) and members of the Faculty of Science Office of the Dean.
* **APPLICATION SUBMISSION**: After all applications are signed and ranked, the department/unit is asked to please scan and submit them as a package to [skylight@science.ubc.ca](mailto:skylight@science.ubc.ca).

**Equipment Purchases**

Equipment purchases must comply with UBC purchasing policies and procedures (<https://finance.ubc.ca/procure-pay>). Briefly,

* For purchases up to $3,500, please use a PCard or manual Q requisition.
* For equipment purchases between $3,500 and $50,000, a purchase order is required.
* For equipment purchases above $50,000, a purchase order creation follows competitive tendering requirements.

Departments are responsible for managing the purchase and coordinating the delivery of equipment. Departments are also responsible for any cost overruns.

For any questions, please contact Gülnur Birol ([birol@science.ubc.ca](mailto:birol@science.ubc.ca)).

**Science Academic Equipment Fund Application Form**

Completed application forms, including vendor quotes for purchase requests >$3,500, must be signed and ranked by the head/director. Please note your department’s/unit’s internal deadline.

Final application packages must be sent to [skylight@science.ubc.ca](mailto:skylight@science.ubc.ca) by **12:00pm (noon), February 25, 2020**.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact Information** | | | | | | | |
| Principal applicant’s name | |  | | Email | |  | |
| Department/unit | | | |  | | | |
| Names of other applicants | | | |  | | | |
| **Request Summary** | | | | | | | |
| Equipment description | | | |  | | | |
| Amount requested from Academic Equipment Fund (CAD) |  | | Source of matching funds (name of department/unit) |  | Amount of matching funds (CAD) | |  |
| **Need and Rationale (<350 words)** | | | | | | | |
| Briefly describe the equipment need, including the following:   * Why is this equipment needed? How will this equipment benefit teaching and learning? * How will it be used? For example, will it be used in a course? If yes, which course(s)? * How will you evaluate the impact of the equipment? How many students will benefit from this equipment? | | | | | | | |
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| **Operational Considerations** | | | | | | | |
| Will students, staff, and/or faculty need training to use the equipment? If yes, who will provide training? | | | |  | | | |
| Are there ongoing costs associated with operating, maintaining and repairing this equipment? If yes, how will these costs be funded? | | | |  | | | |
| **Budget Breakdown (Please attach three vendor quotes for requests >$3,500.)** | | | | | | | |
| Item | Qty | | Description | Price per unit (CAD) | Taxes/shipping/  other fees (CAD) | | Total  (CAD) |
| 1 |  | |  |  |  | |  |
| 2 |  | |  |  |  | |  |
| 3 |  | |  |  |  | |  |
| 4 |  | |  |  |  | |  |
| 5 |  | |  |  |  | |  |
| 6 |  | |  |  |  | |  |
| For large requests with multiple quotes, please explain why you chose one vendor over the others. | | | | | | | |
| **Departmental Approval** | | | | | | | |
| Signature of principal applicant | |  | | Signature of head/director | |  | |
| Name | |  | | Name | |  | |
| Date | |  | | Date | |  | |
|  | |  | | Departmental priority (if >1 submission) | |  | |

Please limit your application to two pages.