

**KINGSTON GENERAL HOSPITAL
RESEARCH RESTRICTED FUNDS
TERMS OF REFERENCE**

Policy 03-021, Appendix B

FUND NAME: _____ **DATE:** _____

FUND HOLDER: _____

DURATION OF FUND: _____

SOURCE OF FUNDS: _____

REASON FOR RECEIVING FUNDS: _____
 (Attach KGH Research Restricted
 Account Agreement) _____

DETAIL OF ALLOWABLE EXPENSES: _____
 (Attach Budget if possible)
 (All expenditures must be in support of
 research activity) _____

DISTRIBUTION OF FUNDS: _____
 (Indicate what is to happen to the residual
 funds at the conclusion of the research project) _____

*** Please note that any accounts dormant for two years will be closed and any funds remaining will become part of a general research account under the direction of the Vice President of Health Sciences**

SIGNING AUTHORITIES:

PRINCIPAL INVESTIGATOR _____ **NAME:** _____
 (signature) (please print)

ALTERNATE SIGNATURE _____ **NAME:** _____
 (signature) (please print)

**CHIEF EXECUTIVE OFFICER OR
 CHIEF OPERATIONAL OFFICER OR
 MOST RESPONSIBLE VICE PRESIDENT** _____ **NAME:** _____
 (signature) (please print)

FOR FINANCE/ RESEARCH OFFICE USE ONLY	
RESTRICTED FUND # _____	<p align="center"><i>Approved by Vice President of Health Sciences</i></p> <p>_____</p> <p align="center">(signature)</p>
Internally Funded <input type="checkbox"/>	
Externally Funded <input type="checkbox"/>	
Residual Fund <input type="checkbox"/>	