

**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             |  |
|---|--|
| <b>RESTRICTED FUND #</b> _____                    | <b>Approved by Vice President of Health Sciences</b><br><br>_____<br>(signature) |
| <b>Internally Funded</b> <input type="checkbox"/> |  |
| <b>Externally Funded</b> <input type="checkbox"/> |  |
| <b>Residual Fund</b> <input type="checkbox"/>     |  |