**RISe Sponsor Request**

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| --- | --- |
| Entered date |  |
| Requested by: |  |
| Is this to add or update a sponsor/program?  **(If this is to update a sponsor or add a program, please provide the current sponsor name in RISe)** |  |
| Sponsor Legal Name (Include Inc., Ltd, if available) |  |
| Sponsor Headquarters Location (State/Province, Country) |  |
| Sponsor Category (Company/Government/University/Hospital/Local/Foundation/Granting Agency/Industrial Association/UBC) |  |
| Sponsor Profit/Non-Profit |  |
| Indirect Costs Rate (ICR%): **\*\*only if authorized\*\***  **For all ICR changes, we require an official URL/document authorizing the rate to upload to the sponsor.** |  |
| Priority 1-5  (1 - highest and 5 – lowest) |  |
| Additional Notes and/or Screenshot(s) |  |