

 **Research Office for Administration, Development & Support (ROADS)**

 **Grant Application Approval Page (GAAP)**

All investigators are required to complete and attach this form when submitting a grant application, agreement or research account request to the Research Office for Administration, Development & Support (ROADS).

Please contact ROADS if you require assistance completing this form. Contact information can be found in our [staff directory](http://roads.mcmaster.ca/about/staff).

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| 1. INVESTIGATOR INFORMATION
 |
| Name: |   | Rank: |       |
| Department affiliation for this project: |   | Faculty affiliation for this project: |       |
| Is this your primary Department and Faculty?  | [ ]  Yes [ ]  No |
|  If no, please:  | 1. identify your primary Department and Faculty:
2. ask the Chair and Dean of the Department and Faculty with which you are affiliated for this project to sign this form
3. attach a second copy of this form signed by the Chair and Dean of your primary Department and Faculty
 |
| Telephone: |       | Email: |       |
| Campus address: |       |
| Role in this project: |
| [ ]  Principal Investigator | [ ]  Co-Investigator | [ ]  Supervisor | [ ]  Other – please explain: |       |
| Other McMaster investigators - please indicate name, affiliation and role in this project: |
|       |
| For Trainee awards, please provide the name, position and affiliation of the trainee: |
|       |
| Is this a multi-institutional project? |
| [ ]  No | [ ]  Yes – please list other participating researchers and their institutions: |
|  |       |

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| 1. SPONSOR INFORMATION
 |
| Primary Sponsor’s name: |       |
| Sponsor is: | [ ]  Government | [ ]  Non-Profit | [ ]  Industry | [ ]  Internal (McMaster) |
| Program name: |       | Application deadline:       |
| If the funding is coming from a source other than the Primary Sponsor (e.g. by way of a sub-grant or sub-contract), please provide the name of the institution that is forwarding the funds:       |

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| 1. PROJECT INFORMATION – Please attach proposal, including budget and budget justification, agreement or notice of award, if

applicable. |
| Title: |       |
| Keywords (maximum 6): |       |
| This project is a: | 1. Grant application:
 | [ ]  New | [ ]  Resubmission | [ ]  Letter of Intent | [ ]  Renewal – acct #:      |
|  | 1. Transfer:
 | [ ]  To McMaster | [ ]  From McMaster | [ ]  Internal – from acct #:       |
|  | 1. Other – please explain:
 |       |
| Funding period: | From       | To       |
| **BUDGET***Identify each source of contribution towards this project, including vendor discounts, industrial partners & McMaster contributions.***Indicate whether:** [ ]  **Amount Applied For, or** [ ]  **Amount Awarded……..and whether** [ ]  CDN $ [ ]  US $[ ]  Other:     *If this is a multi-institutional project, please indicate the total amount applied for or awarded, and installments, to McMaster researchers* |
| **Sponsor/Source** | **Monetary Type** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **TOTAL** |
|       | [ ]  Cash | [ ]  In-kind |       |       |       |       |       |       |       |       |
|       | [ ]  Cash | [ ]  In-kind |       |       |       |       |       |       |       |       |
|       | [ ]  Cash | [ ]  In-kind |       |       |       |       |       |       |       |       |
|       | [ ]  Cash | [ ]  In-kind |       |       |       |       |       |       |       |       |
| **Total Project Budget** |       |       |       |       |       |       |       |       |
| **Faculty Supervision****Overhead / Indirect Cost**Applicable overhead/indirect cost rate included in above total: (     %)*McMaster University requires that the maximum rate as permitted by sponsor be requested. If you have any questions, please contact your ROADS Senior Advisor or consult the* [*overhead policy*](http://milo.mcmaster.ca/researchers/sponsored/overhead) *on the MILO website.* | $     Total overhead included in the above budget$      |
| For projects which involve researchers from multiple Faculties, please describe the planned distribution of overhead; include the name of each Faculty Dean or Associate Dean Research who has been involved in the discussion.      *Note: the research team is responsible for ensuring that their respective Dean’s/Chairs are aware of the proposed project.* |
|  Will this project generate intellectual property? [ ]  No [ ]  Yes |
|  If yes, who will own the property? | [ ]  McMaster | [ ]  Sponsor | [ ]  Joint Ownership | [ ]  Other-please explain: |       |
|  |  |  |  |  |  |
| 1. CERTIFICATIONS/APPROVALS – Please note that a research account will not be opened until all applicable approvals are in place.
 |
| 1. Does the project involve:
 | a) human participants, their records or tissues; b) animals and their tissues; c) biohazardous materials (e.g. viruses, bacteria or yeast, cancer or immortalized cell lines, parasites,  toxins of a biological origin, plant or aquatic pathogens); d) nuclear substances and radiation devices; or e) controlled goods (e.g. weapons, ammunition, explosives, weapon design and testing equipment,  missile technology, technology necessary for the development, production or use of a controlled  good)?f) license for research in the field |
| [ ]  No  | [ ]  Yes - Please indicate below which approvals are required and their current status.*All research involving human or animal subjects, biohazardous materials, radioactive substances, or controlled goods and/or technology must receive clearance from a McMaster ethics, animal-care, biohazards, radiation safety or controlled goods review board before research can begin.*  |
| [ ]  [Human Subjects](http://www.mcmaster.ca/ors/ethics/)  | Status: [ ]  TBD | [ ]  Under Review  |
|  | [ ]  Approved - Authorization #       |
| [ ]  [Animal Subjects](http://fhs.mcmaster.ca/healthresearch/areb_introduction.html) | Status: [ ]  TBD | [ ]  Under Review |
|  | [ ]  Approved - Authorization #       |
| [ ]  [Biohazards](https://biosafety.mcmaster.ca/biosafety_bha.htm) | Status: [ ]  TBD | [ ]  Under Review |
|   | [ ]  Approved - Authorization #       |
| [ ]  [Health Physics](http://www.mcmaster.ca/healthphysics/) | Status: [ ]  TBD | [ ]  Under Review |
|  | [ ]  Approved - Authorization #       |
| [ ]  [Controlled Goods and/or Technology](http://www.workingatmcmaster.ca/link.php?link=eohss:controlled-goods) | Status: [ ]  TBD | [ ]  Under Review |
|  | [ ]  Approved - Authorization #       |
| [ ]  License for research in the field Status:  | [ ]  TBD [ ]  Under Review[ ]  Approved – documentation attached |
| 1. Does the project require an Environmental Assessment? [ ]  No [ ]  Yes

(i.e. Does any of the research a) take place outside an office or a laboratory, or b) involve construction, operation, modification, decommissioning, abandonment or other activity in relation to a permanent physical structure? For additional information, visit the [Canadian Environmental Assessment Agency](https://www.canada.ca/en/environmental-assessment-agency/services/environmental-assessments/basics-environmental-assessment.html) website). |

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| 1. FACILITIES AND RESOURCES
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| 1. LOCATION - Where will activities related to this project be conducted?
 |
| [ ]  MAC- CAMPUS |      % | [ ]  HHSC-MUMC |      % | [ ]  MAC-MIP |      % |
| [ ]  MAC- HSC  |      % | [ ]  MAC-MDCL |      % | [ ]  SJHC-SJH |      % |
| [ ]  Other  |      % |  Please explain:       |
| 1. SPACE - Will the project require additional space or modifications to existing space?
 |
| [ ]  No | [ ]  Yes: [ ]  Construction [ ]  Renovations  *If yes, please speak with your ROADS Advisor as further detail and sign-off is required* |
| 1. RESOURCES - All resources needed for this work are identified and are (please check one):
 |
| [ ]  Currently available to the applicant  | [ ]  Able to be supplied from Departmental resources |
| [ ]  Other – Please detail needed resources and how they will be provided:        |

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| 1. CONFLICT OF INTEREST
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| 1. Do you, your co-investigators or any member of the research team have any affiliation or a commercial or contractual interest with or in any of the Sponsor(s), suppliers or any other company associated with the project? [ ]  No [ ]  YesIf yes, please check the applicable boxes below and provide explanation on this or a separate page: |
|  | Principal Investigator | Co-Investigator(s) | Student(s)/PDF(s) |
| Seat on Board of Directors | [ ]  | [ ]  | [ ]  |
| Seat on Scientific Advisory Board | [ ]  | [ ]  | [ ]  |
| Shares in Sponsor | [ ]  | [ ]  | [ ]  |
| Other Role Within the Sponsor | [ ]  | [ ]  | [ ]  |
| Pre-existing License/Option Agreement with Sponsor | [ ]  | [ ]  | [ ]  |
| Pre-existing Consulting Agreement | [ ]  | [ ]  | [ ]  |
| Received non-research compensation (cash or in-kind, including gifts of more than $25) in past 3 years (please describe):       | [ ]  | [ ]  | [ ]  |
| Family or intimate connections with any sponsor(s), subcontractor(s), supplier(s) or any other company associated with the project | [ ]  | [ ]  | [ ]  |
| 1. Will the funding for this project originate from an agency covered by the Financial Conflict of Interest regulations of the U.S. Public Health Service? (refer to the [Requirements and Disclosure Form](https://roads.mcmaster.ca/forms/other-forms/us-phs-coi-req-disclosure-oct-2017) on the ROADS for a list of PHS agencies)

 [ ]  No [ ]  YesIf Yes, i) Complete and append a Declaration and Disclosure form (refer to link above) [ ]  Appended  ii) Complete and append online training certificate (refer to link above) [ ]  Appended |

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| 1. SIGNATURES
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| Principal Investigator signature certifies that: |
| * the information provided is accurate; and
 |
| * the project will be directed in compliance with [McMaster University’s Research Accounts Policy](https://resfin.mcmaster.ca/documents/Research%20Accounts%20Policy.pdf), with the terms and conditions

of McMaster’s agreement with the sponsor, and with all applicable laws and regulations.  |
| Department Chair/Institute Director and Faculty Dean signature certifies that:  |
| * the proposed budget is consistent with the objectives of the PIs academic department;
 |
| * the campus resources to be committed to this project are accurately described in the proposal; and
 |
| * space will be provided for construction/renovations noted in the application (as above, further detail and sign-off required).
 |
| I hereby authorize this grant submission and/or an account to be set up upon approval by the sponsor. |
| **Principal Investigator** | **Department Chair/ Institute Director** | **Dean** |
| Signature: | Signature: | Signature: |
| Name (print):       | Name (print):       | Name (print):       |
| Date:       | Date:       | Date:       |

 **APPENDIX A**

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| * + 1. APPLICATION SHARING
 |
| Please indicate if you agree to share with colleagues in the Faculty of Social Sciences your application, if requested: |
| 1. the application, if successful
 | I agree [ ]  |

**APPENDIX B**

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| * + 1. COURSE RELEASE REQUEST
 |  |
| Please indicate if you are applying for course release: Yes [ ]  No [ ]  |  |
| If yes, please confirm:  | Budget includes at least 200 hours per year of graduate student funding | [ ]  |
|  | Chair or Director has approved the requested release | [ ]  |
|  | All internal deadlines were met and internal processes followed for grant submission | [ ]  |
|  | Application and GAAP were submitted to Faculty office and ROADS 1 week prior to Agency deadline | [ ]  |

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| --- | --- | --- |
| **Principal Investigator** | **Department Chair/ Institute Director****Or attach email confirming release is approved** | **Dean** |
| Signature: | Signature: | Signature: |
| Name (print):       | Name (print):       | Name (print):       |
| Date:       | Date:       | Date:       |