



**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](#).

A. INVESTIGATOR INFORMATION	
Name:	Rank:
Department affiliation for this project:	Faculty affiliation for this project:
Is this your primary Department and Faculty? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Principal Investigator <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Supervisor <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes – please list other participating researchers and their institutions:	

B. SPONSOR INFORMATION	
Primary Sponsor's name:	
Sponsor is: <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Industry <input type="checkbox"/> 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:	

C. 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: a) Grant application: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Letter of Intent <input type="checkbox"/> Renewal – acct #:										
b) Transfer: <input type="checkbox"/> To McMaster <input type="checkbox"/> From McMaster <input type="checkbox"/> Internal – from acct #:										
c) Other – please explain:										
Funding period: From _____ To _____										
<b>BUDGET</b> Identify each source of contribution towards this project, including vendor discounts, industrial partners & McMaster contributions. Indicate whether: <input type="checkbox"/> Amount Applied For, or <input type="checkbox"/> Amount Awarded.....and whether <input type="checkbox"/> CDN \$ <input type="checkbox"/> US \$ <input type="checkbox"/> 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
	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind								
	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind								

	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind								
	<input type="checkbox"/> Cash	<input type="checkbox"/> In-kind								
<b>Total Project Budget</b>										
<b>Faculty Supervision</b> <b>Overhead / Indirect Cost</b> Applicable overhead/indirect cost rate included in above total: (____%) <i>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 <a href="#">overhead policy</a> on the MLO website.</i>								\$	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.  <i>Note: the research team is responsible for ensuring that their respective Dean's/Chairs are aware of the proposed project.</i>										
Will this project generate intellectual property? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who will own the property? <input type="checkbox"/> McMaster <input type="checkbox"/> Sponsor <input type="checkbox"/> Joint Ownership <input type="checkbox"/> Other-please explain:										

**D. 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.*

<input type="checkbox"/> <a href="#">Human Subjects</a>	Status: <input type="checkbox"/> TBD <input type="checkbox"/> Under Review <input type="checkbox"/> Approved - Authorization #
<input type="checkbox"/> <a href="#">Animal Subjects</a>	Status: <input type="checkbox"/> TBD <input type="checkbox"/> Under Review <input type="checkbox"/> Approved - Authorization #
<input type="checkbox"/> <a href="#">Biohazards</a>	Status: <input type="checkbox"/> TBD <input type="checkbox"/> Under Review <input type="checkbox"/> Approved - Authorization #
<input type="checkbox"/> <a href="#">Health Physics</a>	Status: <input type="checkbox"/> TBD <input type="checkbox"/> Under Review <input type="checkbox"/> Approved - Authorization #
<input type="checkbox"/> <a href="#">Controlled Goods and/or Technology</a>	Status: <input type="checkbox"/> TBD <input type="checkbox"/> Under Review <input type="checkbox"/> Approved - Authorization #
<input type="checkbox"/> License for research in the field	Status: <input type="checkbox"/> TBD <input type="checkbox"/> Under Review <input type="checkbox"/> Approved – documentation attached

2. 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](#) website).

**E. FACILITIES AND RESOURCES**

1. LOCATION - Where will activities related to this project be conducted?

<input type="checkbox"/> MAC- CAMPUS	%	<input type="checkbox"/> HHSC-MUMC	%	<input type="checkbox"/> MAC-MIP	%
<input type="checkbox"/> MAC- HSC	%	<input type="checkbox"/> MAC-MDCL	%	<input type="checkbox"/> SJHC-SJH	%

Other % Please explain:

2. 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*

3. 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:

**F. CONFLICT OF INTEREST**

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  Yes  
 If 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat on Scientific Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares in Sponsor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Role Within the Sponsor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-existing License/Option Agreement with Sponsor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-existing Consulting Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received non-research compensation (cash or in-kind, including gifts of more than \$25) in past 3 years (please describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or intimate connections with any sponsor(s), subcontractor(s), supplier(s) or any other company associated with the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. 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](#) on the ROADS for a list of PHS agencies)  
 No  Yes

If 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

**G. SIGNATURES**

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](#), 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**

**A. APPLICATION SHARING**

Please indicate if you agree to share with colleagues in the Faculty of Social Sciences your application, if requested:

(a) the application, if successful	I agree <input type="checkbox"/>
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**APPENDIX B**

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

<b>Principal Investigator</b>	<b>Department Chair/ Institute Director Or attach email confirming release is approved</b>	<b>Dean</b>
Signature:	Signature:	Signature:
Name (print):	Name (print):	Name (print):
Date:	Date:	Date: