



Sponsored Project Checklist

It is the responsibility of the principal investigator to complete the form and to arrange for the required signatures from your Department Chair or School Director and the Dean. The PI must also provide a scanned copy of the signed form to the appropriate research admin office and contact.

Application Submission Deadline (if applicable):

A. PRINCIPAL INVESTIGATOR INFORMATION

McMaster Investigator:	Title:
Department/Institute:	Faculty:
Telephone:	Email:
Co-Investigators:	

B. SPONSOR INFORMATION

Primary Sponsor's Name:	Contact Name:
	Telephone:
	Email:
Sponsor is: <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Industry	
Program Name (if applicable):	
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:	
Additional Sponsors (List all that contribute cash and/or in-kind value to the proposal):	

C. PROJECT INFORMATION. Please attach proposal, including work plan and budget.

Project Title:		
Project is: <input type="checkbox"/> New <input type="checkbox"/> Continuation of Existing Project (Mosaic Project # _____)		
Contract Period: From _____ to _____		
If project has multiple sponsors, split out		
Sponsor Name (if more than one)		
Direct Research Costs	\$	\$
Faculty Supervision Fees (if applicable)	\$	\$
Applicable Overhead	\$	\$
McMaster policy requires that the maximum allowed overhead be applied. While the following examples are provided as guidance, please contact MILO or ROADS for rates for other funding agencies.		
<input type="checkbox"/> 65% (For Federal Government contracts, applies to salaries) <input type="checkbox"/> 40% (For contract with industry sponsors or government) <input type="checkbox"/> 40% (For ORF-RE and ERA awards, applies to provincial government portions) <input type="checkbox"/> 30% (For OCE VIP II awards, applies to industry portion) <input type="checkbox"/> 30% (For fieldwork. Separate written approval from the Dean, affirming that the work to be performed is fieldwork and will be performed off-campus must be submitted to MILO) <input type="checkbox"/> 25% (For all grants, including NFPs, and industry portion of NSERC funding, e.g., CRD) <input type="checkbox"/> 0% (Tri-Council awards: CIHR, NSERC, SSHRC) <input type="checkbox"/> Other (Written approval from Dean and VPR required and must be attached)		
Total	\$	\$

D. CERTIFICATIONS/APPROVALS. Please note that your research account will not be opened until all applicable approvals are in place.

1. Will the project create any safety hazards which are not addressed by protocols and Standard Operating Procedures that your group is currently using? If yes, describe _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Does this require the use of biological materials?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Does the project involve use of Humans, Animals, Biohazardous Materials or Controlled Goods as follows?		
a) human participants, their records or tissues; (http://reo.mcmaster.ca/) b) animals and their tissues: (http://fhs.mcmaster.ca/healthresearch/areb_introduction.html) c) biohazardous materials (e.g. viruses, bacteria or yeast, cancer or immortalized cell lines, parasites, toxins of a biological origin, plant or aquatic pathogens); (https://biosafety.mcmaster.ca/biosafety_bha.htm) 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); (http://www.workingatmcmaster.ca/link.php?link=eohss:controlled-goods)		
<input type="checkbox"/> No. Proceed to question 4. <input type="checkbox"/> Yes. Has approval been obtained?		
Human Ethics: <input type="checkbox"/> REB # _____ Expiry Date: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
Animal Ethics: <input type="checkbox"/> AUP # _____ Expiry Date: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
Biohazards: <input type="checkbox"/> Yes (attach BHA approval) Expiry Date: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
Health Physics: <input type="checkbox"/> Yes (attach approval) Expiry Date: _____ (http://www.mcmaster.ca/healthphysics/)	<input type="checkbox"/> Pending	<input type="checkbox"/> N/A
Controlled Goods and/or Technology: <input type="checkbox"/> Yes (attach approval) Expiry Date: _____		
<input type="checkbox"/> Clinical Trial (drug trial involving human subjects)		
If yes , effective January 1, 2021 McMaster University is required to report on new Health Canada regulated clinical trials. Please complete McMaster Clinical Trial Questionnaire		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Check if completed		
4. Does the project require an Environmental Assessment? (i.e. Does any of the research a) take place outside an office or 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 at http://www.ceaa.gc.ca/default.asp?lang=En&n=B053F859-1 .)		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

E. UNIVERSITY COMMITMENTS AND FACILITIES

1. Does this proposal contain <u>any financial commitment</u> from McMaster University? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, list amount and source and provide an attachment with approvals:		
Amount		Source
Describe the nature of the commitment. Attach an additional page if necessary.		

2. Will you need additional space? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes. Please provide name, title and signature of space provider:		
Location of additional space requested: _____		
Name:	Title:	Signature:

3. Will the Project require any modifications to space? No Yes

If yes. Please describe _____

4. a) Will you need to access to specialized facilities (e.g., Central Animal Facility, Faculty-specific Centres or Institutes)? No Yes

If yes, please specify: _____

b) Have you arranged access with the facility director? Yes No

5. Will any employees or researchers of the Sponsor be using the University's facilities in the conduct of the Project? No Yes

If yes, the Office of Legal Services will provide you with a Use of Facility Agreement to be signed by the Sponsor's employees who will be using the University's facilities.

6. For the purpose of overhead distribution, is the work being conducted primarily in the Principal Investigator's home department? Yes No

If no, the primary facility / research centre is:

F. CONFLICT OF INTEREST

1. Do you, your co-investigator(s) 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 an 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 Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Role Within the Sponsor Company	<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), suppliers 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 Requirements and Disclosure Form on the ROADS website <http://roads.mcmaster.ca/policies/cert> 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. INTELLECTUAL PROPERTY, PUBLICATION AND LIABILITY ISSUES

If yes:	Is it part of their academic activity towards their degree? <input type="checkbox"/> No <input type="checkbox"/> Yes
2. Will this project generate intellectual property (IP)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who will own the IP? <input type="checkbox"/> McMaster <input type="checkbox"/> Sponsor <input type="checkbox"/> Joint Ownership <input type="checkbox"/> Other or TBD, please explain:	
N.B: In absence of a research agreement with a project partner, <u>McMaster's Joint IP Policy</u> will apply to any IP arising from the project.	
3. Are you conducting any research for another Sponsor that might overlap with this Project? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please describe other Sponsor and overlap:	
4. a) Will the project be leveraged with other funding? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, an additional Sponsored Research Checklist will need to be submitted when the application for this additional leverage is submitted. Please retain a signed copy of this form to attach to the additional Checklist to link the two proposals as part of the same overall project. If yes – please select the funding agency(ies) and/or program(s): <input type="checkbox"/> CIHR <input type="checkbox"/> CFI <input type="checkbox"/> ORF <input type="checkbox"/> NCE <input type="checkbox"/> NSERC <input type="checkbox"/> OCE <input type="checkbox"/> MRI <input type="checkbox"/> Other – please describe: _____	

H. RESEARCH ACCOUNT HOLDERS' ACCOUNTABILITIES

As Principal Investigator and primary signing authority for the research account to be established in my name, I confirm the declarations made by me above and acknowledge and accept my responsibility:	
1.	to read, understand and comply with all applicable sponsor policies, regulations, terms and conditions of award; and all University policies governing research accounts, including, but not limited to, budget control, travel, ethics, and overhead;
2.	to authorize all expenditures to be charged against my accounts and/or delegate (see below) this authority at my discretion;
3.	to inform persons delegated with signing authority on my research accounts of applicable sponsor and University requirements (as outlined in 1. above) and of their associated responsibility for compliance;
4.	to obtain any additional approval signatures, prior to making financial commitments;
5.	to authorize and ensure delegate(s) authorize only allowable expenses against my research accounts, which may involve consultation with the applicable Research Finance Office and/or the sponsor;
6.	to review monthly account statements to identify discrepancies and/or problems and to take corrective action in consultation with the applicable Research Finance Office;
7.	to reimburse to the applicable research account(s) any expenditures authorized by me or my delegates if disallowed by the sponsor;
8.	to eliminate any unauthorized over expenditures in accordance with the Budget Control Policy for Research Accounts, which, if all other alternatives have been exhausted, requires personal responsibility; and
9.	to ensure all certifications are in order and comply with McMaster University and Federal regulations covering the ethical and safe conduct of research.
Research Account Signing Authority Delegation: The originator (account holder or delegate) of electronic transactions is responsible for ensuring that the required supporting documentation is readily available for internal and external audit. In addition, I hereby grant the following people signing authority on my account. Any change in account signing authority will be authorized by me in writing or e-mail, and sent to the applicable Research Finance Office for action.	

Other Mosaic Project Signing Authorities		
Name:	Name:	Name:
Employee #:	Employee #:	Employee #:
Campus Address:	Campus Address:	Campus Address:

I. SIGNATURES

Principal Investigator: I attest that all of the statements and answers are true to the best of my knowledge.
Signature:
Date:

I hereby support this proposal and (where applicable) authorize an account to be established if the proposal is awarded:			
Department Chair/Institute Director		Dean	
Signature:		Signature:	
Name (print):		Name (print):	
Date:		Date:	
I also authorize extensions or budget increases for this project provided that: any increases are no greater than 50% of the original budget amount; and appropriate contractual documents are finalized by the applicable research administration office.	Initials	I also authorize extensions or budget increases for this project provided that: any increases are no greater than 50% of the original budget amount; and appropriate contractual documents are finalized by the applicable research administration office.	Initials