

Health Research Services (HRS)

ACCOUNT REQUEST FORM

Complete and email to hsresadm@mcmaster.ca or drop off in person at HSC-3H9



FOR OFFICE USE:

Date Intake Received: <small>dd mmm yyyy</small>	HRS Proposal #:	Project #:	Date sent to Finance: <small>dd mmm yyyy</small>
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The Account Request Form is used for requesting a new research account setup for different types of funding sources. Be sure to indicate an Admin contact for follow-up where the account holder may not be the primary contact for added information follow-up.

1a. ACCOUNT HOLDER INFORMATION

Account Holder Name:	MAC EMP ID:	Tel:
Department:	Research Program, Centre, or Institute?	
Acct Holder Role:	Address:	Email:
List ALL co-applicants:		

1b. SUPERVISOR INFORMATION (FOR TRAINEE ACCOUNTS ONLY)

Supervisor Name:	Department:	Email:
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2. ACCOUNT TYPE: (see any attached, additional materials or forms where given/applicable)

Account type:	Sponsor:	Award Ref #:
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3. FUNDS SOURCE --- Chartfields --- for account transfers from one McMaster account to another

FROM PI (Name):	Original Sponsor:	FROM Chartfield:
Original start date:	Original end date:	Original/Hospital Ref #:

4. PROJECT TITLE

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5. CONFLICT OF INTEREST [link to details on the McMaster Conflict of Interest Policy](#)

-- Do you, your co-investigators or any member of the research team have any affiliation, commercial or contractual interest, with or in any of the sponsor(s), suppliers or any company associated with the project? Y N If YES, who?

If yes, what is nature of the potential conflict of interest?

--Will funding for this project originate from an agency covered by the Financial Conflict of Interest regulations of the U.S. Public Health Service? If yes, have you completed the [declaration](#) and [training](#) process per the [McMaster Policy on FCOI for US PHS](#)? Y N

6. BUDGET (attach detailed, current budget to match account request)

Funding Start Date: <small>dd mmm yyyy</small>	Funding End Date: <small>dd mmm yyyy</small>	Funding Currency:	OTHER-specify:
Total Funding Amount:	Does the project include indirect costs? Y N If yes, what percentage?		
Is there any matched funding? Y N	If yes, how many separate sources?	TYPE: Cash? In-kind? Both?	

CLINICAL TRIALS

Is this a clinical trial? Y N	If yes, cost/participant \$ _____	Expected # participants _____
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Effective Jan. 1/21 McMaster University is required to report on new Health Canada regulated clinical trials.

[McMaster Clinical Trial Survey](#) _____ > Check if you completed the survey

7. ETHICS CERTIFICATIONS/CLEARANCES	ASSURANCE #:	EXPIRY DATE: dd mmm yyyy

NOTE: A copy of current assurances **MUST accompany any account request. Account activation cannot be completed without full ethics compliance confirmed.**

8. LOCATION OF PROJECT (Research Location can be split to add up to 100%) - if more than 3 locations, for location 3 choose Other 3+ to reflect remaining %

Location of Research 1:	%	Location of Research 2:	%	Location of Research 3:	%
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9. TERMS and CONDITIONS OF FUNDING (where applicable for internal transfers or transfers between PI)

- Terms and Conditions of the Funding, as may be appropriate, including commitments to match external research programs, as applicable. A provision for the distribution of any residual funds that exist at the expected project completion date may also be included in the terms and conditions of the funding.
- Eligible expenses are normally, but not limited to, those allowed by Federal Tri-Council Agencies. A direct link and benefit to the research must be demonstrated by the account holder in order for an expense to be processed.
- Additional terms may apply and may accompany sponsor or source paperwork.

TRANSFERS: all expenditures on transfer accounts must: (1) comply with University policies and procedures, as above and (2) directly support the original purpose, terms and conditions of the award.

10. MEANING OF SIGNATURES (per [McMaster Research Accounts Policy](#))

As grant and/or account holder and/or primary signing authority for this account (to be established in my name if/when funds are received), I confirm that the declarations made previously herein 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 projects, including, but not limited to, budget control, travel, ethics, and overhead;
2. to authorize all expenditures to be charged against my projects 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, which are required 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.

Department Chair/Institute Director certifies that:

- the proposed budget is consistent with the objectives of the PIs academic department

Account Holder:	Department Chair:
Signature:	Signature:
Name (print):	Name (print):
Date:	Date:
Supervisor (for trainee accounts only):	Institute Director/Dean/OTHER (when applicable):
Signature:	Signature:
Name (print):	Name (print):
Date:	Date:

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 by e-mail, and sent to the applicable Research Finance Office for action.

10. DELEGATES

Delegate Empl #:	Delegate Name:	Delegate Email:	Delegate Signature: