

**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: | | | | | | | | | | | | | |
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| For Trainee awards, please provide the name, position and affiliation of the trainee: | | | | | | | | | | | | | |
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| 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 | | | | |  | |  | |  | | |  | |  | | |  | | |  |  |
| **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: | | | |  | | |
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| 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 | | | | | | |
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| [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 | | | | | | | | |
| 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 | | | |
| 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 |  |  |  |
| 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  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 | | | |

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| 1. 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](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 130 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: |

**APPENDIX C**

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| --- | --- |
| 1. SUPPORT FOR PARTNERED RESEARCH |  |
| Please indicate if you are applying for support for partnered research: Yes  No |  |
| If yes, please confirm: |  |
| I am a tenure-track or permanent faculty member |  |
| Associate Dean Research notified of intent to apply at least 3 months in advance of application deadline |  |
| Applying for a minimum of $100,000 in the funding application |  |
| A minimum of two partner organizations are included in the funding application |  |
| 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: |