**IT IS THE RESPONSIBILITY OF THE PRINCIPAL INVESTIGATOR TO COMPLETE THIS FORM AND TO ARRANGE FOR THE REQUIRED SIGNATURES BY THE DEPARTMENT CHAIR AND FACULTY DEAN. A COPY OF YOUR PROPOSAL AND BUDGET MUST BE INCLUDED WITH THIS FORM WHEN REQUESTING APPROVAL.**

|  |  |
| --- | --- |
|  | **Sponsored Project Checklist** |

**A. PRINCIPAL INVESTIGATOR INFORMATION**

|  |  |
| --- | --- |
| Name: | Title: |
| Department/Institute: | Faculty: |
| Telephone: | Email: |
| Co-Investigators: | |

**B. SPONSOR INFORMATION**

|  |  |
| --- | --- |
| Primary Sponsor’s Name: | Contact Name: |
| Telephone: |
| Address: | Fax: |
| Email: |
| Sponsor is: □ Government □ Non-Profit □ Industry | |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: | | | | |
| Project is: □ New □ Continuation of Existing Project (Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | |
| Contract Period: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| If project has multiple sponsors, split out Name: | |  | |  |
| Direct Research Costs | | $ | | $ |
| Faculty Supervision | | $ | | $ |
| Applicable Overhead | | $ | | $ |
| McMaster policy requires that the maximum allowed overhead be applied. While the following examples are provided by guidance, please contact MILO or ROADS for rates for other funding agencies.  □ 40% (for contracts with industry sponsors or government)  □ 40%/25% (for industry portion of applied for tri-council and ORF grants. The 40% will be reduced to 25% once the project is awarded and be available to you to use in the project).  □ 30% (for OCE awards, applies to industry portions)  □ 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)  □ 25% (for all approved tri-council grants, including industry portion of NSERC Alliance and I2I grants)  □ 25% (for not-for-profit partners)  □ 0% (NSERC portion of awards)  □ Other (sponsor overhead policy or written approval from Dean must be attached or initialed, approval by the VPR is sought by Research Admin) | | | | |
| **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? □ No □ Yes  If yes, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 2. Does this require the use of biological materials? □ No □ 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>))  □ No. Proceed to question 4.  □ Yes. Has approval been obtained? | | |
| Human Ethics: □ REB #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: | □ Pending | □ N/A |
| Animal Ethics: □ AUP #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date: | □ Pending | □ N/A |
| Biohazards: □ Yes (attach **BHA** approval) Expiry Date: | □ Pending | □ N/A |
| This approval is required at the time of funding. Biosafety Information and application available at: | | |
| Health Physics: □ Yes (attach approval) Expiry Date:  (<http://www.mcmaster.ca/healthphysics/>) |  |  |
| Controlled Goods  and/or Technology: □ Yes (attach approval) Expiry Date: | □ Pending | □ N/A |
| 4. Does the project require an Environmental Assessment? | □ No | □ Yes |
| (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>.) | | |
| 5. Clinical Trial (drug trial involving human subjects)   * Yes * No   **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](https://forms.office.com/Pages/ResponsePage.aspx?id=B2M3RCm0rUKMJSjNSW9Hcg4JXSGSlbpJm7GQTEFP9VBUNFZVN0ZIMExWODNLR1RRTDJDSlVGQzdOUi4u&wdLOR=cBE1AD1DE-50E6-B241-B8F4-6FF7BA0113E4)   * Check if completed | | |  | Check if completed |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | 6. Does the project require a license for research in the field?   |  |  |  | | --- | --- | --- | | Status: TBD  Under Review | Approved –  documentation attached | | |  |  | | □ No | □ Yes | | | |

**E. FACILITIES**

|  |  |  |
| --- | --- | --- |
| 1. Location of Research: | | |
| □ McMaster – Campus/MIP Atrium | □ HHS – CHED | □ HHS – JCC (HRCC) |
| □ SJHH – SJH | □ HHS – GEN | □ HHS – MUMC |
| □ SJHH – CMHS (HPH) | □ HHS – HEND | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. Will you need additional space? □ No □ 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 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 | | |
| 1. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **TO BE COMPLETED BY THE DEAN’S OFFICE ONLY**  Overhead Distribution: Faculty: \_\_\_\_\_\_% Dept: \_\_\_\_\_% Other (specify): \_\_\_\_\_ % | | |

**F. CONFLICT OF INTEREST**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. 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 |  |  |  |
| Seat on Scientific Advisory Board |  |  |  |
| Shares in Sponsor Company |  |  |  |
| Other Role Within the Sponsor Company |  |  |  |
| 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) ,suppliers 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 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Will graduate students be involved in the Project? □ No □ Yes | | | | | | |
| If yes: | Is it part of their academic activity towards their degree?  □ No □ Yes | | | | | |
| 2**.** Will this project generate intellectual property (IP)? □ No □ Yes    If yes, who will own the IP?  □McMaster □Sponsor □Joint Ownership □Other or TBD-please explain: | | | | | | |
| N.B: In absence of a research agreement with a project partner, [McMaster’s Joint IP Policy](https://milo.mcmaster.ca/policies/joint_ip_policy) will apply to any IP arising from the project. | | | | | | |
| 3. Are you conducting any research for another Sponsor that might overlap with this Project?  □ No □ Yes | | | | | | |
| If yes – please describe other Sponsor and overlap: | | | | | | |
| 4. a) Will the project be leveraged with other funding? □ No □ 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): | | | | | | |  |
| □ CIHR | | □ CFI | | □ ORF | | □ NCE |
| □ NSERC | | □ OCE | | □ ORF | | □ MRI |
| □ Other – please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| b) Does this proposal contain any financial commitment from McMaster University? □ No □ Yes | | | | | | |
| If yes, please list amount and source. | | | | | | |
| Amount | | | Please circle | | Source | |
|  | | | Cash / In-Kind | |  | |
|  | | | Cash / In-Kind | |  | |
| 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, MILO 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. | | | | | | |

**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. |

**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 MILO. | 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 MILO. | Initials |