

To apply for research funding, you must submit to [Health Research Services](#): a completed HRS Application Checklist, competition application form(s), research proposal, budget and partner information (as applicable)

1. a) INVESTIGATOR INFORMATION					
Name:		MAC ID:		Tel:	
Department:		Member of Research Centre/Institute?			
Role:	Address:		Email:		
Is this a multi-institutional project?		Coordinated through Population Health Research Institute (PHRI)?			
List all co-applicants:					
1. b) TRAINEE/AWARDEE INFORMATION					
Trainee Name:		Department:	MAC ID:	Email:	
2. SPONSOR INFORMATION					
Sponsor Name:			Program Name:		
Competition Website:			Application Deadline:		
3. PROJECT INFORMATION – attach draft materials for review (application forms, research proposal, budget, partner information)					
Research Project Title:					
4. BUDGET					
Funding Start Date:		Total Funding:	Funding Years:		Currency:
Year 1:	Year 2:	Year 3:	Year 4:	Year 5:	More than 5 years?
Does the project include in-kind contributions?		If yes, indicate amount/year:		Source:	
Does the project require any construction/renovations?			CFI funding dependent?		
Indirect Costs: As per sponsor guidelines and McMaster University policies http://milo.mcmaster.ca/researchers/sponsored/overhead					
indirect costs		in the grant application or agreement budget at		%	
Have you included the maximum indirect costs?		If no, please explain:			
Will this project generate IP?		If yes, who will own the IP?			
In absence of a research agreement with a project partner, McMaster's Joint IP Policy will apply to any IP arising from the project.					
Other - specify:					
5. ETHICS CERTIFICATIONS AND CLEARANCES – valid and current ethics approvals will be required at the account set up stage					
6. SPACE: Does this submission require a space allocation?			NOTE: Space allocation must be requested.		

7. LOCATION OF PROJECT – location of basic, laboratory, patient, and subject-related research activities	
LOCATION 1:	%
LOCATION 2:	%
LOCATION 3:	%
ADDITIONAL/OTHER: (specify)	%

8. 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 other company associated with the project?

If yes, who? _____ What is your role in the potential conflict? _____

Have you received non-research compensation from the sponsor (including gifts of more than \$25) in past 3 yrs?	<u>Describe:</u>
Is there a family/intimate connection with any sponsor(s), subcontractor(s), supplier(s) or any other company associated with the project?	
<u>US DHHS Applications Only:</u> Will funding for this project originate from an agency covered by the Financial Conflict of Interest regulations of the U.S. Public Health Service?	
https://healthresearch.mcmaster.ca/resources/forms/	Appended
If yes, 1) Complete and append a Declaration and Disclosure Form	Appended
2) Complete and append online training certificate	Appended

9. a) GRANT TYPE	9. b) ORIGINAL SPONSOR – If yes to 9. a) indicate the original sponsor below
Is this a subgrant?	Other (specify):

10. MEANING OF SIGNATURES

The signatures of the Investigator and Department Chair/Institute Director certify the following:

- The information in the application is complete and accurate to the best of the knowledge of the Investigator.
- The Investigator has sufficient space, time and/or resources to do the research. If additional space, time and/or resources are required the Investigator has sought approval from their Department Chair/Institute Director.
- The Investigator has an appropriate faculty appointment, sufficient space, time and/or resources to conduct proposed research.
- The Department Chair/Institute Director is committed to providing any additional resources that have been requested by the Investigator in order to conduct the proposed research.
- The Department Chair/Institute Director acknowledges that the research activity described in the proposal meets the Department's/Institute's research objectives, in consideration of the rights accorded through academic freedom to McMaster Faculty Members.
- Any internal Department/Unit/Institute requirements have been met.
- The Department/Institute accepts resource and financial commitments entailed by the activity including over-expenditures as per McMaster policies.

Investigator/Supervisor:	Department Chair:
Signature:	Signature:
Name:	Name:
Date:	Date:
Trainee/Awardee:	Institute Director/Dean/Other: (when applicable)
Signature:	Signature:
Name:	Name:
Date:	Date:

An HRS Application Checklist is used at the application stage to confirm that all signatories herein agree to adhere to the sponsor guidelines and eligibility requirements for the named competition. This is not a substitute for an HRS Account Request Form which is an additional form required to open a research account.