



Sponsored Project Checklist

Instruction Sheet

IT IS THE RESPONSIBILITY OF THE PRINCIPAL INVESTIGATOR TO COMPLETE THIS FORM AND TO ARRANGE FOR THE REQUIRED SIGNATURES FROM YOUR DEPARTMENT CHAIR AND DEAN.

A. PRINCIPAL INVESTIGATOR INFORMATION

Complete the following section with your full contact information

Name of McMaster Researcher: Name of McMaster Investigator. If not the PI, please indicate the Principal Investigator and University leading the project in Co-Investigator section below.	Title:
Department/Institute:	Faculty:
Telephone:	Email:
Co-Investigators: From McMaster or Other Institution – [Co-investigator Name (Institution)]	

B. SPONSOR INFORMATION

Primary Sponsor's Name: NSERC, CIHR, OCE, etc. or Industry Partner. Please include program name if applicable.	Contact Name:
Address: Contact details not required for Tri-Council funding agencies: NSERC, SSHRC or CIHR	Telephone:
	Fax:
	Email:
Sponsor is: <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> 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: Complete if you are a co-applicant receiving a portion of the funds from the applicant at another institution.	
Additional Sponsors (List all Sponsors that will contribute cash and/or in-kind value to the proposal): Fill in if there is more than one sponsor contributing cash or in-kind amounts to the project budget	

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

Project Title:		
Project is: <input type="checkbox"/> New (If no account has been opened for this project) <input type="checkbox"/> Continuation of Existing Project (Account # _____) (If an account exists for this project and you are receiving additional funds or another installment)		
Contract Period: From _____ to _____ (Start and end dates of the project)		
Split out budget amounts for each sponsor (If project has only one sponsor, fill in the first column only.)		
Name	Example: NSERC	Example: Industry Partner
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. <input type="checkbox"/> 40% (Contracts 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 awards, applies to both OCE and industry portions)		

<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 industry portion of NSERC funding, e.g. CRD) <input type="checkbox"/> 0% (Tri-Council awards: CIHR, NSERC, SSHRC awards) <input type="checkbox"/> Other (Written approval from Dean and VPR required and must be attached) (for any deviation from one of the percentages listed above)		
Total Budget (Total cash funding for length of project including overhead from sponsors listed above)	\$	\$

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? (such as nuclear substances, radiation devices, biohazards, controlled goods etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____		
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? (Accounts will not be set up until approvals are submitted to ROADS/MILO) 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 approval) Expiry Date: _____ <input type="checkbox"/> Pending <input type="checkbox"/> N/A This approval is required at the time of funding. Biosafety information and application available at: https://biosafety.mcmaster.ca/biosafety_bha.htm Health Physics: <input type="checkbox"/> Yes (attach approval) Expiry Date: _____ <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"/> Pending <input type="checkbox"/> N/A		
4. Does the project require an Environmental Assessment? <input type="checkbox"/> No <input type="checkbox"/> 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 .)		

E. FACILITIES

1. Location of Research (select all relevant locations): **(Locations where research activities will occur)**
 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? **(e.g., an additional room or lab to house equipment or personnel)**
 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? **(e.g., modifications or renovations to an existing space in order to accommodate new equipment or personnel)**
 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)? **(controlled or secured facilities that require permission to access)**
 No Yes

 If Yes, please specify: _____

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

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

 If no, please provide the name of the primary facility / research centre:
 _____ **(Example: MclARS, BIMR, MIEH, MNR etc.)**

TO BE COMPLETED BY THE DEAN’S OFFICE ONLY

If there is a deviation from the standard overhead distribution for the VPR’s portion, please attach written/email approval from VPR.

 Overhead Distribution: VPR: _____% Faculty: _____% Dept.: _____% PI: _____% Other: _____%

F. CONFLICT OF INTEREST

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)? No Yes

If yes, please check the applicable boxes below and provide an explanation here or a separate page:

(Half-page description of what the conflict of interest is, which Sponsor it is with and details on the shares/role/agreement/compensation involved)

	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			

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.

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 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 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