

## **Sponsored Project Checklist**

It is the responsibility of the principal investigator to complete the form and to arrange for the required signatures from your Department Chair or School Director and the Dean. The PI must also provide a scanned copy of the signed form to the appropriate research admin office and contact.

Application Submission Deadline (if applicable):			
A. PRINCIPAL INVESTIGATOR INFORMATION			
McMaster Investigator:	Title:		
Department/Institute:	Faculty:		
Telephone:	Email:		
Co-Investigators:			
B. SPONSOR INFORMATION			
Primary Sponsor's Name:	Contact Name:		
	Telephone:		
	Email:		
Sponsor is: ☐ Government ☐ Non-Profit	☐ Industry		
Program Name (if applicable):			
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.  Project Title:  Project is:   Continuation of Existing Project (Mosaic Project #)			
Contract Period: From	to		
If project has multiple sponsors, split out			
Sponsor Name (if more than one)			
Direct Research Costs	\$	\$	
Faculty Supervision Fees (if applicable)	\$	\$	
Applicable Overhead	\$	\$	
McMaster policy requires that the maximum allowed overhead be applied. While the following examples are provided as guidance, please contact MILO or ROADS for rates for other funding agencies.  □ 65% (For Federal Government contracts, applies to salaries) □ 40% (For contract with industry sponsors or government) □ 40% (For ORF-RE and ERA awards, applies to provincial government portions) □ 30% (For OCE VIP II awards, applies to industry portion) □ 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 grants, including NFPs, and industry portion of NSERC funding, e.g., CRD) □ 0% (Tri-Council awards: CIHR, NSERC, SSHRC) □ Other (Written approval from Dean and VPR required and must be attached)			
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 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? \_ Expiry Date: \_\_\_\_ ☐ Pending Human Ethics: ☐ REB # □ N/A Expiry Date: Pending Pending Expiry Date: Animal Ethics: 

AUP #  $\square$  N/A Biohazards: ☐ Yes (attach approval) □ N/A Health Physics: ☐ Yes (attach approval) □ N/A (http://www.mcmaster.ca/healthphysics/) Controlled Goods and/or Technology: ☐ Yes (attach approval) 4. Does the project require an Environmental Assessment? (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. UNIVERSITY COMMITMENTS AND FACILITIES 1. Does this proposal contain any financial commitment from McMaster University? ☐ Yes If yes, list amount and source and provide an attachment with approvals: Select from List Amount Source Describe the nature of the commitment. Attach an additional page if necessary. 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 to 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
5. Will any employees or researchers of the Sponsor be conduct of the Project?	•	ty's facilities in the	
□ No □ Yes  If yes, the Office of Legal Services 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.			
6. For the purpose of overhead distribution, is the work Investigator's home department?		rimarily in the Princi □ Yes	ipal □ No
If no, the primary facility / research centre is:			
F. CONFLICT OF INTEREST			
1. Do you, your co-investigator(s) or any member of the	research team hav	e any affiliation or a	a commercial
or contractual interest with or in any of the Sponsor(s),			
project?			☐ Yes
If yes, please check the applicable boxes below and pr		n on this or a separa	ate 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			
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 <a href="http://roads.mcmaster.ca/policies/cert">http://roads.mcmaster.ca/policies/cert</a> for a list of PHS agencies)  \[ \sum_{No} \sum_{Yes} \]			
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			
Will graduate students be involved in the Project?		□ No	□ Yes

If yes: Is it part □ N		tivity towards their degree	e?	
Will this project general figures, who will own		perty (IP)?	□ No	□ Yes
□McMaster	□Sponsor	☐Joint Ownership	□Other or TBD, please	explain:
N.B: In absence of a res		th a project partner, McM	laster's Joint IP Policy will	apply to
Are you conducting a  If Yes, please describ		_	verlap with this Project? □ No	□ Yes
4. a) Will the project be I	everaged 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.				
•		(ies) and/or program(s):		
□ CIHR	□ CFI	□ ORF	□ NCE	
☐ NSERC		□ MRI		
☐ Other – please descri	oe:			
declarations made by me along to read, understa	d primary signing autho bove and acknowledge nd and comply with all	ority for the research account and accept my responsibilitation applicable sponsor policies	, regulations, terms and cond	litions of award;
ethics, and overh	ead;		g, but not limited to, budget	
discretion;		, ,	d/or delegate (see below) this	
requirements (as	outlined in 1. above) ar	g authority on my research a nd of their associated respo res, prior to making financia		r and University
<ol><li>to authorize and</li></ol>	ensure delegate(s) au		enses against my research a	accounts, which
<ol><li>to review monthly</li></ol>		o identify discrepancies and	l/or problems and to take con	rective action in
	the applicable research		tures authorized by me or r	my delegates if
8. to eliminate any	unauthorized over exp		vith the Budget Control Polic	
<ol><li>to ensure all certi</li></ol>			ires personal responsibility; an niversity and Federal regulation	
Research Account Sign	ning Authority Dele	gation:		
documentation is readily av	ailable for internal and a	external audit. In addition, I	sible for ensuring that the req hereby grant the following pe lorized by me in writing or e-n	ople signing

Other Mosaic Project 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 I also authorize extensions or budget Initials Initials increases for this project provided that: any increases for this project provided that: any increases are no greater than 50% of the increases are no greater than 50% of the original budget amount; and appropriate original budget amount; and appropriate contractual documents are finalized by the contractual documents are finalized by the applicable research administration office. applicable research administration office.