



# 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

<b>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.</b>	Title:
Department/Institute:	Faculty:
Telephone:	Email:
Co-Investigators: <b>From McMaster or Other Institution – [Co-investigator Name (Institution)]</b>	

### B. SPONSOR INFORMATION

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

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

<b>Project Title:</b>		
<b>Project is:</b> <input type="checkbox"/> New <b>(If no account has been opened for this project)</b> <input type="checkbox"/> Continuation of Existing Project (Account # _____) <b>(If an account exists for this project and you are receiving additional funds or another installment)</b>		
<b>Contract Period:</b> From _____ to _____ <span style="color: red; font-weight: bold;">(Start and end dates of the project)</span>		
Split out budget amounts for each sponsor <b>(If project has only one sponsor, fill in the first column only.)</b>		
<b>Name</b>	<b>Example: NSERC</b>	<b>Example: Industry Partner</b>
<b>Direct Research Costs</b>	\$	\$
<b>Faculty Supervision</b>	\$	\$
<b>Applicable Overhead</b>	\$	\$
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"/> 35% (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) <b>(for any deviation from one of the percentages listed above)</b>		
<b>Total Budget (Total cash funding for length of project including overhead from sponsors listed above)</b>	\$	\$

**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? <b>(such as nuclear substances, radiation devices, biohazards, controlled goods etc.)</b> <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; 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)  <input type="checkbox"/> No. <b>Proceed to question 4.</b> <input type="checkbox"/> Yes. Has approval been obtained?  <b>(Accounts will not be set up until approvals are submitted to ROADS)</b> 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 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 <a href="http://www.ceaa.gc.ca/default.asp?lang=En&amp;n=B053F859-1">http://www.ceaa.gc.ca/default.asp?lang=En&amp;n=B053F859-1</a> .)			

**E. FACILITIES**

1. Location of Research (select all relevant locations): <b>(Locations where research activities will occur)</b> <input type="checkbox"/> McMaster – Campus/MIP <input type="checkbox"/> HHS – CHED <input type="checkbox"/> HHS – JCC (HRCC) Atrium <input type="checkbox"/> SJHH – SJH <input type="checkbox"/> HHS – GEN <input type="checkbox"/> HHS – MUMC <input type="checkbox"/> SJHH – CMHS (HPH) <input type="checkbox"/> HHS – HEND <input type="checkbox"/> Other: _____		
2. Will you need additional space? <b>(e.g., an additional room or lab to house equipment or personnel)</b> <input type="checkbox"/> No <input type="checkbox"/> 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			
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			

2. 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)

<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes,    i) Complete and append a Declaration and Disclosure form (refer to link above) <input type="checkbox"/> Appended ii) Complete and append online training certificate (refer to link above) <input type="checkbox"/> Appended

**G. INTELLECTUAL PROPERTY, PUBLICATION AND LIABILITY ISSUES**

1. Will graduate students be involved in the Project? <b>(PhD or Masters)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes:                    Is it part of their academic activity towards their degree? <input type="checkbox"/> No <input type="checkbox"/> Yes									
2. Will this project generate intellectual property? <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, who will own the property? <input type="checkbox"/> McMaster <input type="checkbox"/> Sponsor <input type="checkbox"/> Joint Ownership <input type="checkbox"/> Other or TBD, please explain:									
3. Are you conducting any research for another Sponsor that might overlap with this Project? <b>(Research similar to that of this project which may involve similar work or results)</b>  <div style="text-align: right;"><input type="checkbox"/> No                    <input type="checkbox"/> Yes</div> If Yes, please describe other Sponsor and overlap:									
4. a) Will the project be leveraged with other funding? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>(e.g., Industry funds intended in the future to be used to obtain additional funds from NSERC, OCE, CIHR funds etc.)</b>  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): <input type="checkbox"/> CIHR <input type="checkbox"/> CFI <input type="checkbox"/> ORF <input type="checkbox"/> NCE <input type="checkbox"/> NSERC <input type="checkbox"/> OCE <input type="checkbox"/> MRI <input type="checkbox"/> Other – please describe: _____ b) Does this proposal contain any financial commitment from McMaster University? <input type="checkbox"/> No <input type="checkbox"/> Yes  If yes, please list amount and source. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;"><u>Amount</u></th> <th style="width: 33%;"><u>Please circle</u></th> <th style="width: 33%;"><u>Source</u></th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"></td> <td style="text-align: center;">Cash / In-Kind</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center;">Cash / In-Kind</td> <td></td> </tr> </tbody> </table>	<u>Amount</u>	<u>Please circle</u>	<u>Source</u>		Cash / In-Kind			Cash / In-Kind	
<u>Amount</u>	<u>Please circle</u>	<u>Source</u>							
	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? <input type="checkbox"/> No <input type="checkbox"/> 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.	
<b>Research Account Signing Authority Delegation:</b>		
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.		
<b>Other Signing Authorities</b>		
<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Employee #:</b>	<b>Employee #:</b>	<b>Employee #:</b>
<b>Campus Address:</b>	<b>Campus Address:</b>	<b>Campus Address:</b>

### I. SIGNATURES

<b>Principal Investigator:</b> 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:			
<b>Department Chair/Institute Director</b>		<b>Dean</b>	
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