



## Health Research Services (HRS) HRS Checklist / Account Request

**SUBMIT signed Checklist to HRS, HSC-3H9 or email\* to [hsresadm@mcmaster.ca](mailto:hsresadm@mcmaster.ca)**

All investigators are required to complete and attach this form when submitting a grant application, agreement or research account request to HRS. Please contact the HRS Office at (905) 525-9140 ext. 22465 if you require assistance completing this form. The form is available for download from the HRS website: <http://fhs.mcmaster.ca/healthresearch/>

**\*Note: Submit to HRS either the original signed Checklist, or a scanned copy of the original. If scanned version is submitted, the Grantee must retain the original signed Checklist on file.**

<b>Date:</b>	<b>(For Office Use) Date Received:</b>	<b>Finance:</b>
<b>(For Office Use) HRS #:</b>		<b>Account #:</b>

### A. INVESTIGATOR INFORMATION

Investigators Name:	Title:
Department:	McMaster Employee #:
Campus Address:	
Telephone:	Email:
Role in this project: <input type="checkbox"/> Nominated Principal Investigator <input type="checkbox"/> Co-Investigator <input type="checkbox"/> Supervisor <input type="checkbox"/> Other – please explain:	
Other McMaster investigators (i.e. co-investigator): Please indicate name, departmental affiliation and role in this project:	
Is this a multi-institutional project? <input type="checkbox"/> No <input type="checkbox"/> Yes – please list the co-investigators and their institutions:	
Will this Project be coordinated through the joint HHS-McMaster Population Health Research Institute (PHRI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For Trainee awards, please provide (Note: Projects will be opened in supervisor's name only):</b>	
Trainee's Name:	Position:
Departmental Affiliation:	
Campus Address :	Email:

### B. SPONSOR INFORMATION

Sponsor's name:	
Program/Special Initiative:	Program Deadline:
Sponsor/Program Website:	
Sponsor is: <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Industry <input type="checkbox"/> Internal (McMaster)	
<b>If you are receiving funding via subagreement, please indicate the original source other than the Sponsor above (e.g. CIHR, NIH, Health Canada, etc.):</b>	
<b>Please provide confirmation of Sponsor funding, either by <input type="checkbox"/> Agreement or <input type="checkbox"/> Letter / Award Notice</b> (Submit paper and e-copies of Agreements/Letters for review to HRS and approval prior to signatures - <a href="mailto:hsresadm@mcmaster.ca">hsresadm@mcmaster.ca</a> )	

### C. PROJECT INFORMATION – Please attach proposal, budget, budget justification, and agreement or notice of award, if applicable.

<b>Project Title:</b>	
Short Project Title (max 20 characters if Applicable):	
Sponsor Award # (if applicable):	Renewals or existing FHS Account #:

### SPECIAL INSTRUCTIONS

<b>Other Contact Person for picking up/admin queries:</b>	
Contact's Phone:	Email:

**C. PROJECT INFORMATION (Continued)****TYPE OF GRANT (Check ONE only)**

- Research:**  New  Renewal  Resubmission  Letter of Intent  RFA Special Initiatives  Team
- Education:**  New  Renewal  Resubmission  Letter of Intent  RFA Special Initiatives
- Clinical Trial:**  New  Renewal  Resubmission
- Personnel:**  New Investigator  Career Investigator  Postdoctoral Fellowship  Doctoral Award  
 Scholarship  Studentship  
 Other: \_\_\_\_\_
- Other:**  Internally Sponsored Research Account (2 or 7-Account number): \_\_\_\_\_  
 Transfer from Existing 8-Account (8-Account(s) the funds will be coming from): \_\_\_\_\_  
 Sub-grant from HHS/SJH

<b>Start Date of Award:</b>	<b>End Date of Award:</b>
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Indicate whether the Dollars are for Amount:  Applied For, or  Awarded.....and whether  Canadian or  US

Year 1:\$ \_\_\_\_\_ Year 2:\$ \_\_\_\_\_ Year 3:\$ \_\_\_\_\_ Year 4:\$ \_\_\_\_\_ Year 5: \$ \_\_\_\_\_

For Clinical Trials, please indicate the expected # of patients: \_\_\_\_\_ and amount per patient: \$ \_\_\_\_\_

**Does the project include in-kind contributions?**  Yes  No (if yes, what is the amount per year?)

Year 1:\$ \_\_\_\_\_ Year 2:\$ \_\_\_\_\_ Year 3:\$ \_\_\_\_\_ Year 4:\$ \_\_\_\_\_ Year 5: \$ \_\_\_\_\_

**INDIRECT COSTS: Applicable as per Sponsor guidelines and McMaster University policies. For more information:**  
<http://milo.mcmaster.ca/researchers/sponsored/overhead>

Indirect Cost included in Grant Application or Agreement budget at \_\_\_\_\_%  N/A (e.g. CIHR, Heart & Stroke)

**Will this project generate intellectual property?**  Yes  No

If yes, who will own the property?  McMaster  Sponsor  Joint Ownership  Other-please explain:

**D. CERTIFICATIONS/APPROVALS – Please note that a research account will not be opened until all applicable approvals are in place.**

**1. Does the project involve: (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) Radioactive materials or devices; or (e) Controlled goods or technology? Please indicate below and attach all FINAL approval letters and most current renewal letters, if applicable.**

<b>Human Ethics</b> <a href="http://www.fhs.mcmaster.ca/healthresearch/reb/healthscienceresearchinvolvinghumans.html">http://www.fhs.mcmaster.ca/healthresearch/reb/healthscienceresearchinvolvinghumans.html</a>	REB #	Pending <input type="checkbox"/>	N/A <input type="checkbox"/>
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**A HUMAN ETHICS ADMIN FEE OF \$3,000 IS REQUIRED FOR INDUSTRY-FUNDED PROJECTS. INDICATE WHO WILL PAY THE FEE:**  
 Industry Sponsor or  Principal Investigator

<b>Animal Ethics</b> <a href="http://www.fhs.mcmaster.ca/healthresearch/areb_introduction.html">http://www.fhs.mcmaster.ca/healthresearch/areb_introduction.html</a>	AUP #	Pending <input type="checkbox"/>	N/A <input type="checkbox"/>
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<b>Biohazard (Approval is required at time of funding only, unless sponsor process requires it at application)</b> <a href="https://biosafety.mcmaster.ca/biosafety_bha.htm">https://biosafety.mcmaster.ca/biosafety_bha.htm</a>	BH #	Pending <input type="checkbox"/>	N/A <input type="checkbox"/>
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<b>Health Physics</b>	HP #	Pending <input type="checkbox"/>	N/A <input type="checkbox"/>
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**Does this research involve Controlled Goods and/or Controlled Technology?**  Yes  No  
<http://www.workingatmcmaster.ca/link.php?link=eohss:controlled-goods>

**License for research in the field?**  Yes  No  Approved – documentation attached  
<http://www.rcr.ethics.gc.ca/eng/policy-politique/framework-cadre/#24>

**2. Does the project require Environmental Assessment?** <http://www.ceaa.gc.ca/default.asp?lang=En&n=0046B0B2-1>  Yes  No

## E. FACILITIES AND RESOURCES

**WHERE WILL ACTIVITIES RELATED TO THIS AWARD BE CONDUCTED? (e.g. location of basic / lab & patient / subject-related research activities)**

HHSC-MUMC	%	HHSC-OFF SITE	%	SJHH-SJH	%
HHSC-CHED	%	MAC-HSC (FHS)	%	SJHH-CMHS (HPH)	%
HHSC-GEN	%	MAC-CAMPUS	%	SJHH-CAHS (EAST)	%
HHSC-HEND	%	MAC-MDCL	%	<u>OTHER (specify below)</u>	
HHSC-JCC	%	MAC-MIP	%		%
HHSC-ST. PETERS	%	MAC-OFF SITE	%		%

**ADDITIONAL SPACE:** If McMaster researcher(s) or affiliated researcher(s) require additional space (or resources) related to this project or modifications to the space, please specify the requirements, modifications needed and location(s). **NOTE: ADDITIONAL SPACE IS NOT GUARANTEED.**

## F. CONFLICT OF INTEREST

Do you, your co-investigators 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 explanation on this or a separate page:

	Principal Investigator	Co-Investigator(s)	Student(s)/PDF(s)
Seat on Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seat on Scientific Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares in Sponsor Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Role within the Sponsor Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-existing License/Option Agreement with Sponsor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-existing Consulting Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received non-research compensation (cash or in-kind, including gifts of more than \$25) in past 3 years. Please describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or intimate connections with any sponsor(s), subcontractor(s), supplier(s) or any other company associated with the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**US DHHS Applications Only:** 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 HRS website below for a list of PHS agencies <http://www.fhs.mcmaster.ca/healthresearch/documents/USFCOIDisclosureForm.pdf>)  Yes  No

If Yes, 1) Complete and **append** a Declaration and Disclosure form (refer to link above)  Appended  
 2) Complete and **append** online training certificate (refer to link above)  Appended

## G. ACCOUNT HOLDERS' ACCOUNTABILITIES FORM AND SIGNATURES

**As grant holder and primary signing authority for the account to be established in my name if/when funds are received, I confirm the declarations made by me above and acknowledge and accept my responsibility:**

- to read, understand and comply with
  - all applicable sponsor policies, regulations, terms and conditions of award; and
  - all University policies governing research projects, including, but not limited to, budget control, travel, ethics, and overhead;
- to authorize all expenditures to be charged against my projects and/or delegate this authority at my discretion;
- to inform persons delegated with signing authority on my research projects of applicable sponsor and University requirements and of their associated responsibility for compliance;
- to obtain any additional approval signatures required prior to making financial commitments;
- to authorize and ensure delegate(s) authorize only allowable expenses against my research projects, which may involve consultation with the Faculty of Health Science Research Finance and/or the sponsor;
- to review monthly project statements to identify discrepancies and/or problems and to take corrective action in consultation with the Faculty of Health Science Research Finance;
- to reimburse to the applicable research project(s) any expenditures authorized by me or my delegates if disallowed by the

- sponsor; and
8. to eliminate any unauthorized over expenditures in accordance with the Research Projects Policy and Procedures for Applying the Budget Control Policy for Research Projects which will require personal responsibility if all other alternatives have been exhausted.
  9. to ensure all certifications are in order and comply with McMaster University and Federal regulations covering the ethical and safe conduct of research.

**Department Chair/Institute Director and Faculty Dean signature certifies that:**

- the proposed budget is consistent with the objectives of the PIs academic department;
- the campus resources to be committed to this project are accurately described in the proposal; and space will be provided for construction/renovations noted in the application (as above, further detail and sign-off required).

**RESEARCH PROJECT DELEGATION**

**Electronic Transactions:**

It is agreed that the Department Administrator has authority to enter all electronic transactions charged to my research projects for facilitation purposes. The originator (project holder or delegate) of electronic transactions is responsible for ensuring that the required supporting documentation is readily available for internal and external audit.

**Signing Authority Delegation:**

In addition, I hereby grant the following people signing authority on my project(s). Any change in project signing authority will be authorized by me in writing and sent to the Research Finance for action. The appointed delegates have a good understanding of my research projects. \*\* Cathy Turner (cturner@mcmaster.ca) and Marcy Willis (willim6@mcmaster.ca)

Employee #	Name	Email	Delegate's Signature
6027983	Cathy Turner	<a href="mailto:cturner@mcmaster.ca">cturner@mcmaster.ca</a>	
3108687	Marcy Willis	<a href="mailto:Willim6@mcmaster.ca">Willim6@mcmaster.ca</a>	

<b>Grantee (Must have Faculty Appointment)</b>	<b>Department Chair/Institute Director</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Name (print):</b>	<b>Name (print):</b>
<b>Date:</b>	<b>Date:</b>