

Health Research Services (HRS) APPLICATION CHECKLIST

Complete and email to hsresadm@mcmaster.ca or drop off in person at HSC-3H9

FOR OFFICE USE ONLY:

Date Received:	Proposal #:	Project #:
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1. a) INVESTIGATOR INFORMATION

Full Name:	MAC ID #:	Tel :
Department:	Member of Institute/Centre (RPCI)? Y N	
Role:	Address:	Email:
Is this a multi-institutional project? Y N	Coordinated through Population Health Research Institute (PHRI)? Y N	
List all McMaster co-investigators here:		

1. b) TRAINEE/AWARDEE

Trainee Name:	Position:	Email:
Departmental Affiliation:	ID # :	Tel:

2. SPONSOR INFORMATION (Granting agency running the funding competition)

Sponsor Name:	Program Name:
Competition website:	Application Deadline: <small>dd mon yyyy</small>

3. PROJECT INFORMATION – Attach draft materials for review (proposal, budget, partner info, letters)

Project Title:

4. BUDGET

Funding Start: <small>dd mon yyyy</small>	Total Funding \$	Funding (yrs):	Currency:	OTHER-specify:
Year 1 \$:	Year 2 \$:	Year 3 \$:	Year 4 \$:	Year 5 \$:
				More than 5 years?: Y N

Does the project include in-kind contributions? Y N If yes, indicate amt/yr: _____ Source: _____

Does the project require any Construction/Renovations? _____ CFI Funding Dependent? Y N

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? _____

Other - Specify: _____

5. CERTIFICATIONS - Does your research project involve any of the following? CHECK ALL that apply; include # if possible:

HiREB (human ethics)	AREB (animal ethics)	Biohazards/toxins
Radioactive materials	Controlled goods	Health Canada

A valid, current approval number will be required on the Account Request Form for grant/award processing at account setup stage.

6. LOCATION: FACILITIES AND RESOURCES – Location of basic, laboratory, patient , and subject-related research activities

MCMASTER UNIVERSITY:	%
HAMILTON HEALTH SCIENCES:	%
ST. JOSEPH'S HEALTHCARE:	%
ADDITIONAL/OTHER: (specify):	%

7. CONFLICT OF INTEREST

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 area of potential conflict?

Received non-research compensation – cash/in-kind (including gifts of more than \$25) in past 3 yrs.	Describe:
Family/intimate connection with any sponsor(s), subcontractor(s), supplier(s) or any other company associated with 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? http://www.fhs.mcmaster.ca/healthresearch/documents/USFCOIDisclosureForm.pdf	
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

8. GRANT TYPE <i>(Office use only)</i>	8 a. GRANT SUB-TYPE <i>(Office use only)</i>	Other(specify):

9. 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 provide 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 (print):	Name (print):
Date: <small>dd mon yyyy</small>	Date: <small>dd mon yyyy</small>
Trainee/Awardee:	Institute Director/Faculty Dean <i>(where applicable):</i>
Signature:	Signature:
Name (print):	Name (print):

NOTE: This HRS Checklist is used at submission 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 **ACCOUNT REQUEST FORM** which is an additional (form) requirement for **ANY** research account.

SAVE & PRINT