

# Health Research Services Internally Sponsored Research (ISR) Form

To open an account for this funding you must submit to HRS: a completed [HRS Account Request Form](#) (signed by your Department Chair), ethics approval certificates as applicable (HiREB, AREB, Biohazard), a copy of your award letter (if applicable), application and budget and this completed Internally Sponsored Research Form

## For Office Use:

Date Submitted to Health Research Services:

Proposal #:

Project #:

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## Source of Funds:

Department/Program/Institute:

Full Chartfield of Source Funds: *(This is where any residual funds will be credited at the end of the research project)*

## Recipient of Funds:

Recipient Name:

Recipient's Department:

Award Amount:

Account Begin Date:

Account End Date:

Recipient Research Project Title:

Purpose of Funding: *(Describe the research activities to be supported with these funds)*

## Funding Terms and Conditions:

Remaining funds will be returned to the Source Fund above at the end of the research project.

Specific Terms and Conditions: *(Describe how the funds may be used and any restrictions, e.g. research personnel, equipment, supplies, etc.)*

Research Accounts Policy: <https://research.mcmaster.ca/app/uploads/2019/06/Research-Accounts-Policy2.pdf>

- All transfer expenses must (1) comply with University policies and procedures, and (2) directly support the original purpose, terms and conditions of the award as noted above.
- Eligible expenses are normally, but not limited to, those allowed by the Federal Tri-Council Agencies.
- For other types of expenses to be considered, a direct link and benefit to the research must be clearly demonstrated by the project holder in order for the expense to be processed by the University.

## Authorized Signature:

Commitment of ISR funds must be authorized by the signing authority on the project where the funds are being transferred from, typically the Program Manager, Department Chair, Vice-Dean, Dean or Vice-President. If there is a funding source outside of the Department, please attach the funding source approval.

Signature:

Name:

Position and Department:

Date: