Health Research Services
ACCOUNT REQUEST FORM

To open an account for research funding you must submit to <u>Health Research Services</u>: a completed HRS Account Request Form, ethics approval certificates as applicable (HiREB, AREB, Biohazard), a copy of your award letter/agreement, research application, and approved budget.

1a. ACCOUNT HOLDER INFORMATION		
Account Holder Name:		MAC ID:
Department:		Email:
Address:		Tel:
Account Holder Role:	Member of Research Centre/Institute:	
<u>List of all co-applicants and co-investigators:</u>		

1b. SUPERVISOR INFORMATION – *for trainee accounts only*		
Supervisor Name:	Department:	Email:

2. ACCOUNT TYPE		
Account Type:	Sponsor:	Award Ref #:

3. FUNDS SOURCE – *chartfield required for transfers from one McMaster account to another*		
From PI (Name):	Original Sponsor:	From Chartfield:
Original Start Date:	Original End Date:	Original/Hospital Ref #:

4. RESEARCH PROJECT TITLE

5. CONFLICT OF INTEREST (link to details on the McMaster Conflict of Interest Policy)

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 company associated with the project?

If yes, please list the names of those with an affiliation:

If yes, what is the nature of the potential conflict of interest?

Will funding for this project originate from an agency covered by the Financial Conflict of Interest regulations of the U.S. Public Health Service?

If yes, have you completed the declaration and training process per the McMaster Policy on FCOI for US PHS?

6. BUDGET – *attach detailed, current budget to match account request*			
Funding Start Date:	Funding End Date:	Funding Currency:	Other (specify):
Total Funding Amount:	Does the project include indirect costs?		If yes, what percentage?
Is there any matched funding?	If yes, how many separate sources?	Monetary Type:	

7. CLINICAL TRIALS

Is this a clinical trial?	If yes, cost per participant:	Expected number of participants:

Effective January 1, 2021, McMaster University is required to report on new Health Canada regulated clinical trials. If this funding is for a clinical trial, please complete the survey located here: McMaster Clinical Trial Survey.

Check if you have completed the survey:

8. ETHICS CERTIFICATIONS

Does your project require ethics certification?

If yes, please complete the table below:

ETHICS CERTIFICATIONS/CLEARANCES	ASSURANCE #:	EXPIRY DATE:

NOTE: A copy of current assurances must accompany any account request. Account activation cannot be completed without full ethics compliance confirmed. If you require access to your research account prior to receiving ethics certification, please provide the following information:

Justification for why funds are needed ahead of ethics certification:

Anticipated ethics application approval date:

I affirm that I will not conduct any research activities requiring ethics certification prior to receiving full approval from the relevant ethics board(s) overseeing my work:

9. LOCATION OF PROJECT EXPENSES: Indicate the location where you will incur basic, laboratory, patient and subject related research activities and expenses. *If research activities are taking place off-site, contact fhsso@mcmaster.ca to complete RMM801 forms.*

LOCATION 1:	%
LOCATION 2:	%
LOCATION 3:	%
ADDITIONAL/OTHER: (specify)	%

10. FHS Communications Funding Amplification (Optional)

If your funding is explicitly publicizable and you would like to be featured in an upcoming Quarterly FHS Grant Review, please provide the following information. Account holders (or their representatives) are solely responsible for the confirmation of publicity with all their funding agencies.

I would like to publicize this funding in an upcoming FHS Quarterly Grant Recap:

I have confirmed with my funding agencies that these funds are publicizable:

Embargo Date (if applicable):

Email for FHS communications inquiries related to this funding:

11. TERMS and CONDITIONS OF FUNDING (where applicable for internal transfers or transfers between PI's)

- Terms and Conditions of the Funding, as may be appropriate, including commitments to match external research programs, as applicable. A provision for the distribution of any residual funds that exist at the expected project completion date may also be included in the terms and conditions of the funding.
- Eligible expenses are normally, but not limited to, those allowed by Federal Tri-Council Agencies.
- A direct link and benefit to the research must be demonstrated by the account holder in order for an expense to be processed.
- Additional terms may apply and may accompany sponsor or source paperwork.

<u>TRANSFERS:</u> all expenditures on transfer accounts must: (1) comply with University policies and procedures, as above and (2) directly support the original purpose, terms and conditions of the award.

12. MEANING OF SIGNATURES ([per McMaster Research Accounts Policy](#))

As grant and/or account holder and/or primary signing authority for this account (to be established in my name if/when funds are received), I confirm that the declarations made previously herein 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 projects, including, but not limited to, budget control, travel, ethics, and overhead;
2. to authorize all expenditures to be charged against my projects 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, which are required 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. Department Chair/Institute Director certifies that:
- the proposed budget is consistent with the objectives of the PIs academic department.

Account Holder:	Department Chair:
Signature:	Signature:
Name:	Name:
Date:	Date:
Supervisor (for trainee accounts only):	**Institute Director/Dean/Other** (when applicable):
Signature:	Signature:
Name:	Name:
Date:	Date:

If you require additional personnel to have access to financial reporting and account delegation for this research project, please complete the Research Project Team Form located <u>here</u> and provide it to HRS along with this Account Request Form. Submitting this form along with the Account Request Form will ensure the delegates are included in the project notification email that the research finance office will send at project opening.