

Health Research Services APPLICATION CHECKLIST

To apply for research funding, you must submit to <u>Health Research Services</u>: a completed HRS Application Checklist, competition application form(s), research proposal, budget and partner information (as applicable)

1. a) INVESTIGATOR INFORMATION					
Name:		MAC ID:			
Department:		Email:			
Address:			Tel:		
Role in project: Member of Resea		rch Centre/Inst	itute?		
Is this a multi-institutional project?	Coordinated through Population Health Research Institute (PHRI)?				
List all co-applicants:					
1. b) TRAINEE/AWARDEE INFORMATION					
Trainee Name:		MAC ID:			
Department:			Email:		
2. SPONSOR INFORMATION					
Sponsor Name: Progra		nm Name:			
Competition Website:	Competition Website: Applica		ation Deadline:		
If any of the project sponsors include CIHR, NSERC, SSHRC, CFI or the Government of Ontario, please answer the following: Does the project aim to advance a Sensitive Technology Research Area as defined by the Government of Canada's Policy on Sensitive Technology Research and Affiliations of Concern (STRAC Policy)? Yes No. Proceed to section 3. If yes, as required by the STRAC Policy, have all researchers with named roles in the grant application (e.g. applicant, coapplicant, collaborator) completed the required form attesting that they do not hold an active affiliation or receive funding or in-kind support from any of the listed Named Research Organizations? Yes In progress, please note the STRAC policy requires that the attestation form be completed by all researchers with named roles in the grant application and included in the grant application at the time of submission if the project aims to advance a Sensitive Technology Research Area.					
3. PROJECT INFORMATION – attach draft materials for review (application forms, research proposal, budget, partner information)					
Research Project Title:					

4. BUDGET						
Funding Start Date:	Total Funding:	Years of Funding:	Currency:			
Does the project include in-kind co	pes the project include in-kind contributions? If yes, indicate amount per year:					
Indicate the source of the in-kind o	contributions:					
Does the project require any construction/renovations? If yes, are they CFI funding dependent?						
4. b) INDIRECT COSTS						
As per sponsor guidelines and McN	laster University policies http://	milo.mcmaster.ca/researche	ers/sponsored/overhead inc	direct costs		
Have you included the maximum in If no, please explain:	in the grant application/a direct costs?	greement budget at	%			
5. INTELLECTUAL PROPERTY						
Will this project generate intellectual property (IP)? If yes, who will own the IP?						
In absence of a research agreement with a project partner, McMaster's Joint IP Policy will apply to any IP arising from the project. Other - specify:						
6. ETHICS CERTIFICATIONS AND CLEARANCES – valid and current ethics approvals will be required at the account set up stage						
7. SPACE: Does this submission re	7. SPACE: Does this submission require a space allocation? <u>NOTE</u> : Space allocation must be <u>requested</u> .					
8. LOCATION OF PROJECT EXPENSES: Indicate the location where you will incur basic, laboratory, patient and subject related research activities and expenses						
LOCATION 1:				%		
LOCATION 2:				%		
LOCATION 3:				%		
ADDITIONAL/OTHER: (specify) %						
9. CONFLICT OF INTEREST – link to	o details on the McMaster Confl	ct of Interest Policy				
Do you, your co-investigators, or a in any of the sponsor(s), suppliers If yes, who?	or any other company associat	•	nercial or contractual inter	est, with or		
Have you received non-research compensation from the sponsor (including gifts of more than \$25) in the past 3 years? If yes, describe:						
Is there a family/intimate connect project? If yes, de		ntractor(s), supplier(s) or a	ny other company associat	ed with the		
US DHHS Applications Only: Will regulations of the U.S. Public Hea https://healthresearch.mcmaster. If yes, 1) Complete and append a general property of the	Ith Service? <u>ca/resources/form</u> s/ Declaration and Disclosure Forn	Annended	the Financial Conflict of In	terest		
10. a) GRANT TYPE	10. b) ORIGINAL SPONSOR –	f yes to 10. a) indicate the c	original sponsor below			
Is this a subgrant?			Other (specify):			

11. MEANING OF SIGNATURES

The signatures of the Investigator and Department Chair/Institute Director certify the following:

- 1. The information in the application is complete and accurate to the best of the knowledge of the Investigator.
- 2. 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.
- 3. The Investigator has an appropriate faculty appointment, sufficient space, time and/or resources to conduct proposed research.
- 4. The Department Chair/Institute Director is committed to providing any additional resources that have been requested by the Investigator in order to conduct the proposed research.
- 5. 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.
- 6. Any internal Department/Unit/Institute requirements have been met.
- 7. 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:	Name:	
Date:	Date:	
Trainee/Awardee:	Institute Director/Dean/Other: (when applicable)	
Signature:	Signature:	
Name:	Name:	
	Date:	

An HRS Application Checklist is used at the application 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 HRS Account Request Form which is an additional form required to open a research account.