

# Health Research Services (HRS)

## ACCOUNT REQUEST FORM

Complete and email to [hsresadm@mcmaster.ca](mailto:hsresadm@mcmaster.ca) or drop off in person at HSC-3H9



**FOR OFFICE USE:**

<b>Date Received:</b> <i>dd mmm yyyy</i>	<b>Proposal #:</b>	<b>Project #:</b>	<b>Date sent to Finance:</b> <i>dd mmm yyyy</i>
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The Account Request Form is used for requesting a new research account setup for different types of funding sources. Be sure to indicate an Admin contact for an account setup where the account holder may not be the primary contact for added follow-up.

**1a. ACCOUNT HOLDER INFORMATION**

Account Holder Name:	MAC EMP ID:	Tel:
Department:	Research Program, Centre, or Institute?	
Address:	Email:	Admin contact:
List ALL co-applicants:		

**1b. SUPERVISOR INFORMATION (FOR TRAINEE ACCOUNTS)**

Supervisor Name:	Department:	Email:
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**2. AWARD DETAILS/TYPE:** *(see attached, additional forms where applicable)*

Account type:	Attachment:	Other form:
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**3. SOURCE FUNDS**

Fund Source (Sponsor):	Original Source <i>(subgrants)</i> :
Account #/Chartfield <i>(internal accts only)</i> :	Sponsor Ref #:

**4. PROJECT INFORMATION**

Title:

**5. 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 company associated with the project? Y N If YES, who?

If yes, what is 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? <http://www.fhs.mcmaster.ca/healthresearch/documents/USFCOIDisclosureForm.pdf> Y N

**6. BUDGET (attach detailed, current budget to match account request)**

Funding Start Date: <i>dd mmm yyyy</i>	Funding End Date: <i>dd mmm yyyy</i>	Funding Currency:	OTHER-specify:
Total Funding Amt:	Does the project include indirect costs? Y N If yes, what percentage?		
Does the project include in-kind contributions? Y N If yes, how many separate sources?			
Is this a clinical trial? Y N	If yes, cost/participant \$ _____		Expected # participants _____

**7. LOCATION OF PROJECT** *(Research Location can be split variously to add to 100%)*

<b>Location of Research 1:</b>	<b>Research Location 2:</b>	<b>Research Location 3:</b>
%	%	%

8. ETHICS CERTIFICATIONS/CLEARANCES	N/A:	ASSURANCE #:	EXPIRY DATE: dd mmm yyyy
<input type="checkbox"/> Human participants, their records or tissues			
<input type="checkbox"/> Animals and their tissues			
<input type="checkbox"/> Biohazards (viruses, bacteria, cells, toxins, pathogens)			
<input type="checkbox"/> Radioactive materials			
<input type="checkbox"/> Controlled goods			
<input type="checkbox"/> Health Canada clearance			

**NOTE: A copy of current assurances MUST accompany any account request.**

**9. MEANING OF SIGNATURES**

**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 the declarations made previously herein 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 (see below) this authority at my discretion;
- 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;
- to obtain any additional approval signatures, which are required prior to making financial commitments;
- 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;
- to review monthly account statements to identify discrepancies and/or problems and to take corrective action in consultation with the applicable Research Finance Office;
- to reimburse to the applicable research account(s) any expenditures authorized by me or my delegates if disallowed by the sponsor;
- 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
- 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;
- 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).

<b>Account Holder:</b>	<b>Department Chair:</b>
Signature:	Signature:
Name (print):	Name (print):
Date:	Date:
<b>Supervisor (for trainee accounts):</b>	<b>Institute Director/Dean (when applicable):</b>
Signature:	Signature:
Name (print):	Name (print):
Date:	Date:

**ACCOUNT SIGNING AUTHORITY DELEGATION:**

The originator (account holder or delegate) of electronic transactions is responsible for ensuring that the required supporting documentation is readily available for internal and external audit. In addition, I hereby grant the following people signing authority on my account. Any change in account signing authority will be authorized by me, in writing or by e-mail, and sent to the applicable Research Finance Office for action.

**10. DELEGATES**

Delegate Empl #:	Delegate Name:	Delegate Email:	Delegate Signature: