

## Research Activity Request Form

**Guidelines:**

- Only **Principal Investigators** can open and own an Activity.
- Signing authority can only be delegated to a maximum of 3 Unity Health Toronto employees per Activity. For approval limits please refer to Unity Health Toronto [Signing Authority Policy](#).
- Any delegation which is canceled must be communicated to the Office of Research Administration and may be replaced by a new delegation, using the [Delegated Signing Authority Form](#)
- Please note that the **"Activity Name of Study/Project"** will be the title of your project on your dashboard. This is limited to 30 characters.

**Instructions:**

1. Complete ALL fields on the form (except where noted) Attach the following documentation:
2. A digital copy of the award letter and include the [GAP ID](#) below or [CONTRACT ID](#)
3. A digital copy of the REB (research ethics board) checklist, if applicable
4. A video to walk you through this form can be found [HERE](#).

**Responsibilities:**

1. **Principal Investigators** are responsible for the overall financial management of their research project and will comply with Unity Health Toronto's policies and procedures (ie. Ethics, [Procurement](#), [Travel and Expense](#), [Research T&E Supplement](#) and Human Resources) as well as the terms and condition of the grant and/or contract.
2. **Principal Investigators** must ensure that all expenditures are for the purpose of the study, in accordance with the budget and/or agency requirements and is necessary for the research study being undertaken.
3. **Principal Investigators** initiate and approve all expenditures from their research activity by personally approving or delegating authority in writing.
4. **Principal Investigators** are responsible for reviewing on a regular basis (at least monthly) all financial and payroll reports and partner with their Sr. Research Financial Analyst for any corrections required.
5. **Principal Investigators** are responsible to ensure that sufficient funds are available to fund all expenditures.
6. **Principal Investigators** are accountable and responsible for all deficits resulting from over-expenditures, expenses deemed ineligible by the sponsor and failure to comply with the regulations of the funding agency and/or Unity Health Toronto's policy.
7. The **Principal Investigator** applying for the RARF will not seek remuneration for services performed resulting in financial gain for himself/herself, related party, affiliate or colleague. Written approval must be obtained prior to requesting remuneration with the Business Manager Research & Academic Affairs. Delays in payment will be incurred if a review and declaration is not completed.

I have delegated signing authority (not my responsibilities) to:

	NAME	JOB TITLE	LIMIT	SIGNATURE allowable signature*
1.				
2.				
3.				

\*Limit cannot exceed value assigned to level of authority as per Corporate Policy (ie. Coordinators cannot exceed \$1000, etc.)

I understand and agree to abide by the responsibilities assigned to me as noted above.

Investigator Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
allowable signature\*

Date: \_\_\_\_\_  
(dd-mmm-yyyy)

Activity Name of Study/Project (limited to 30 characters): \_\_\_\_\_

Full Title of Study/Project: \_\_\_\_\_

Original Funding Source: \_\_\_\_\_

Site: \_\_\_\_\_

Sub-Grant In: Yes  Name of Institution: \_\_\_\_\_ No   
 Project Total Amount: \_\_\_\_\_  
 Budget Breakdown Provided: Yes , attached budget breakdown No   
 Institution Match Required: Yes , \_\_\_\_\_% or \$\_\_\_\_\_ Source(s): \_\_\_\_\_  
 Timeline: \_\_\_\_\_ TO \_\_\_\_\_  
Start Date (dd-mmm-yyyy) End Date (dd-mmm-yyyy)  
 Financial Reporting:  
 Progress Reporting:  
 Invoice/Billing:  
 Overhead: \_\_\_\_\_ If Other: \_\_\_\_\_  
 Will payroll be charged?  
 Research Pharmacy Fee:  
 Vivarium (Animal) Fee:  
 Research Core Facilities Fee:  
 Research Ethics ID Number: \_\_\_\_\_ - \_\_\_\_\_ N/A   
 Contract ID Number: \_\_\_\_\_ - \_\_\_\_\_ N/A   
 GAP ID Number: \_\_\_\_\_ - \_\_\_\_\_ N/A   
 Investigator Initiated:  
 Clinical Research: \_\_\_\_\_ approx. # of participants: \_\_\_\_\_

**THE FOLLOWING WILL BE COMPLETED BY YOUR RESEARCH FINANCIAL ANALYST. DO NOT COMPLETE BELOW**

AU: \_\_\_\_\_ Funding Type: \_\_\_\_\_ Ref#: \_\_\_\_\_  
 Activity Number: L1R \_\_\_\_\_ L2 \_\_\_\_\_ L3 \_\_\_\_\_ L4 \_\_\_\_\_  
 Multiple Activities: L3 \_\_\_\_\_ L4 \_\_\_\_\_  
 L3 \_\_\_\_\_ L4 \_\_\_\_\_  
 L3 \_\_\_\_\_ L4 \_\_\_\_\_  
 POP Dates \_\_\_\_\_ TO \_\_\_\_\_  
 U of T Reporting UofT Code (if applicable): \_\_\_\_\_  
 Finance Owner \_\_\_\_\_  
 RESEARCH FINANCE APPROVAL: \_\_\_\_\_