

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 employees of St. Michael's Hospital per Activity Number. For approval limits please refer to St. Michael's delegated signing policy.
- Any delegation which is cancelled must be communicated to the Office of Research Administration and may be replaced by a new delegation, if applicable, using the Amendment to Delegated Signing Authority Form
- Please note that the "Short Title of Study/Project" field will be used to enter your activity in the system; this will be how the name of the study/project appears in reports and on your dashboard. This is limited to 30 characters.

Instructions:

1. Complete ALL fields below and on the back of this form (except where noted)
Attach the following documentation:
2. A hard copy of the award letter and include GAP ID below or CONTRACT ID
3. A copy of the REB (research ethics board) checklist, if applicable

Responsibilities:

1. Researchers are responsible for the overall financial management of this research project and will comply with St. Michael's Hospital policies and procedures (including ethics, procurement policies and procedures, reimbursement of expenses and human resources policies and procedures) as well as the terms and condition of the grant and/or contract.
2. Researchers 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. Researchers initiate and approve all expenditures from their research activity by personally approving or delegating authority in writing.
4. Researchers are responsible for monitoring and reviewing on a regular basis (at least monthly) all financial and payroll reports that have been processed to the research activity and communicate any discrepancies or errors to the Research Financial Analyst immediately for corrections.
5. Researchers are responsible to ensure that sufficient funds are available to fund all expenditures.
6. Researchers are accountable and responsible for all deficits resulting from over-expenditures, expenses deemed ineligible by the research sponsor and failure to comply with the rules and regulations of the funding agency and/or St. Michael's Hospital's policy.

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

	NAME	JOB TITLE	LIMIT	SIGNATURE original ink signature only*
1.				
2.				
3.				

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

**Please note that access to financials and payroll cannot be divided as per the system.

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

Investigator Name: _____

Signature: _____
original ink signature only*

Date: _____

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

Full Title of Study/Project: _____

Original Funding Source: _____

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 End Date

Financial Reporting: Yes No

Progress Reporting: Yes No

Invoice/Billing: Yes No

Overhead: Industry, 35% SMHF, 20% Other, _____ No

Will payroll be charged? Yes No

Research Pharmacy Fee: Yes No

Vivarium (Animal) Fee: Yes No

Research Core Facilities Fee: Yes No

Research Ethics ID Number: _____ - _____ N/A

Contract ID Number: _____ - _____ N/A

GAP ID Number: _____ - _____ N/A

Investigator Initiated: Yes No, sponsor initiated N/A

Clinical Research: Yes , approx. # of participants: _____ N/A

Clinical project end date: _____

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

AU: _____ ACTIVITY TYPE: _____ Reference Number: _____

Activity Number: L1R _____ L2 _____ L3 _____ L4 _____

Multiple Activities: Yes L3 _____ L4 _____
L3 _____ L4 _____
L3 _____ L4 _____

POP Dates _____ TO _____

UofT Reporting: Yes , UofT Code: _____ No

RFA Name: _____

RESEARCH FINANCE APPROVAL: _____
Manager Approval