

OOB #:

CONCORDIA UNIVERSITY

Fund #:

Office of Research – Research Agreements and Intellectual Property Unit
Internal Approval of Application for a Contract

Type of Contract: Standard [ ] Service\* [ ] Sub-Grant\* [ ] Consulting\* [ ] \* see conditions on page 3

Principal Investigator: Dept./Centre:

Co-Investigators:

Project Sponsor:

Project Title:

Project Period & Cost: Start Date: End Date: Total Project Cost: \$ Currency:

Will adequate space be available for the proposed project: Yes [ ] No [ ] If "No" please provide details.

Will special facilities/services be required: Yes [ ] No [ ] If "Yes" please provide details.

Other university commitments not mentioned above: Yes [ ] No [ ] If "Yes" please provide details.

Please indicate if any of the following are required and attach approval forms where applicable:

Human Research Ethics Review [ ] Date Approved: Approval #:

Animal Care Review [ ] Date Approved: Approval #:

Use of Biohazardous Materials [ ] (Please attach approval)

Use of Radioactive Materials [ ] (Please attach valid license from C.N.S.C)

Use of Hazardous Materials [ ] (Please attach itemized list and estimated quantities)

The Principal Investigator, Co-Investigators, and Centre Director (where applicable) hereby agree to act in accordance with all the terms and conditions of the proposed contract, and further agree to abide by all appropriate University rules, regulations and policies including but not limited to the terms and conditions of their respective collective agreement, the University's Policy on Intellectual Property (VPRGS-9), Policy on Conflicts of Interest in Research (VPRGS-5) Policy for the Ethical Review of Research Involving Humans (VPRGS-3), Policy on Postdoctoral Fellows (VPRGS-4), Policy for the Responsible Conduct of Research (VPRGS-12) and the Code of Ethics and Safe Disclosure Policy Applicable to Employees of Concordia University (BD-4).

By signing below, I acknowledge that I have read and understood the University's Policy on Conflicts of Interest in Research (VPRGS-5), and confirm that I have or shall file a Disclosure Report prior to entering into a situation that may constitute a Conflict of Interest.

Principal Investigator Date Centre Director Date

Co-Investigator Co-Investigator Co-Investigator

Acknowledgement and Approval:

Department Chair Date Faculty Dean or Designate Date

Associate Vice-President Research, Date Development and Outreach

N.B. It is the responsibility of the PI to obtain approval at the Departmental and Faculty level.

BUDGET ITEMS			AMOUNT
1. Salaries:			
Name:	Classification:(see list on p. 3)	Time period & Rate:	
2. Total Fringe Benefits: (see page 3 for appropriate rates)			
3. Faculty Member Honoraria & Research Supervision Fees:			
Name:	No. of Days or Hours:	Daily or Hourly Rate:	
	<input type="checkbox"/> days <input type="checkbox"/> hours		
	<input type="checkbox"/> days <input type="checkbox"/> hours		
	<input type="checkbox"/> days <input type="checkbox"/> hours		
TOTAL SALARY ITEMS (add items 1,2 &3):			
4. Non-Salary Items: (Please provide total & breakdown within each category)			
a) Bursaries:		Total:	
Name:	Time Period:		
b) Material and supplies:		Total:	
Books:	_____		
Lab supplies:	_____		
Computer supplies:	_____		
Stationery and office supplies:	_____		
c) Direct Charges:		Total:	
Mail service (including courier):	_____		
Telecommunications (long distance or fax charges):	_____		
d) Report Production:		Total:	
Printing:	_____		
Photocopies:	_____		
e) Equipment:		Total:	
Computer equipment:	_____		
Other equipment:	_____		
f) Other Computer Cost:		Total:	
Software:	_____		
Maintenance:	_____		
g) Travel:		Total:	
Conferences:	_____		
Other travel:	_____		
h) Use of Facilities:		Total:	
Computing charges:	_____		
Lab charges:	_____		
i) Other (please specify):			
TOTAL NON-SALARY ITEMS (Add items a to i):			

TOTAL DIRECT COSTS (Add total salary and non-salary items):	
5. Indirect Costs: (please use appropriate calculation as per table on page 3)	
6. Outside Consultants and Subcontracts (in excess of \$10,000 each):	
TOTAL PROJECT COST:	

**CONCORDIA UNIVERSITY**  
**Office of Research – Research Partnerships & Innovation Unit**

Employee Classifications: Undergraduate Student or Non-student: Research Assistant  
Graduate Student - Master Research Associate  
Graduate Student - PhD Technician  
Post-doctoral Fellows Other (please specify)

Fringe Benefits Rates: Full-time employees (hired for 12 months or more) 29.5%  
Part-time employees (hired for 12 months or less) 24.7%  
Students 14.5%  
(rates may vary, please verify rates with HR)

Overhead Rates:

Type of Agreement	Sponsor	On-Campus Rate	Off-Campus Rate
<b>Standard Contract</b>	Industry	40% of TDC †	20% of TDC †
	Federal Government (PWGSC)	65% of Salaries & Employee Benefits + 2% of travel costs	30% of Salaries & Employee Benefits + 2% of travel costs
<b>Service Contract</b>	Any	20% of TDC †	N/A
<b>Consulting Contract</b>	Any	10% of TDC †	N/A
<b>Sub-Grant, Co-grant, Negotiated Grant, Contribution Agreement</b>	Any	15% of TDC †	N/A

These rates are subject to periodic revision. Please confirm these rates with the OOR prior to preparing a project budget.

† TDC - Total Direct Costs means the total direct costs to perform the work anticipated under the Research Agreement minus external subcontracts.

▲ On-campus means work performed on the premises of the University using the University's facilities, staff or equipment.

★ Off-campus means work that is not performed on the premises of the University and does not entail the use of University resources beyond the services of the OOR and/or Financial Services, students, staff or other University personnel i.e., work carried out at a Sponsor's facility or at another institution. The charging of off-campus rates requires the prior approval of the Department Chair and Dean and must be clearly documented in this OOR Form 101