Principal Investigator: __________________________

Co-Investigators: __________________________________________

Project Sponsor: __________________________________________

Project Title: __________________________________________

Project Period & Cost: 
Start Date: __________________________ End Date: __________________________ Total Project Cost: $ ________ Currency: ________

Amount held back for indirect recovery cost (15%): 
Amount available to Principal Investigator: 

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 A.E.C.B.)

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), the Policy on Conflicts of Interest in Research (VPRGS-5), Policy for the Ethical Review of Research Involving Humans (VPRGS-3), 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 __________________________

Acknowledgement and Approval:

Department Chair __________________________ Date ________ Faculty Dean or Designate __________________________ Date ________

Associate Vice-President Research Strategic Initiatives and Partnerships __________________________ Date ________

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

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