

**Office of Research – Research Partnerships & Innovation Unit  
Internal Approval of Application for a Negotiated Grant**

Principal Investigator: \_\_\_\_\_ Dept./Centre: \_\_\_\_\_  
 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 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 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.