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), 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 ____________

Interim Vice-President, Research and Graduate Studies __________________________ Date ____________

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

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<table>
<thead>
<tr>
<th><strong>BUDGET ITEMS</strong></th>
<th><strong>AMOUNT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Salaries for each individual receiving remuneration from contract:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Classification: (see list on p. 3)</td>
</tr>
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</tr>
</tbody>
</table>

2. Total Fringe Benefits: (see page 3 for appropriate rates)

3. Faculty Member Honoraria & Research Supervision Fees:

<table>
<thead>
<tr>
<th>Name:</th>
<th>No. of Days or Hours:</th>
<th>Daily or Hourly Rate:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>days hours</td>
<td>days hours</td>
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<td></td>
<td>days hours</td>
<td>days hours</td>
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</tbody>
</table>

TOTAL SALARY ITEMS (add items 1, 2 & 3):

4. Non-Salary Items: (Please provide total & breakdown within each category)

   a) Material and supplies: Total:
      - Books: ____________
      - Lab supplies: ____________
      - Computer supplies: ____________
      - Stationery and office supplies: ____________

   b) Direct Charges: Total:
      - Mail service (including courier): ____________
      - Telecommunications (long distance or fax charges): ____________

   c) Report Production: Total:
      - Printing: ____________
      - Photocopies: ____________

   d) Equipment: Total:
      - Computer equipment: ____________
      - Other equipment: ____________

   e) Other Computer Cost: Total:
      - Software: ____________
      - Maintenance: ____________

   f) Travel: Total:
      - Conferences: ____________
      - Other travel: ____________

   g) Use of Facilities: Total:
      - Computing charges: ____________
      - Lab charges: ____________

   h) Other (please specify): ____________

TOTAL NON-SALARY ITEMS (Add items a to h):

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:
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) 32.08%
Part-time employees (hired for 12 months or less) 26.26%
Students 14.5%
(rates may vary, please verify rates with HR)

Overhead Rates:

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

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.