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| For Administrative Use Only |
| TDO contact (initials): | COI check date:  |
| TDO File #: |



# RESEARCH AGREEMENT COVER SHEET (Form 102)

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| **PRINCIPAL INVESTIGATOR**: Surname, Given Name(s)       | **PHONE NUMBER(S)**       |  |
| TITLE      | E-MAIL ADDRESS      |
| DEPARTMENT      | Administrative Contact       email:       Phone Number:       |
| **TITLE OF PROJECT:**     **PROGRAM NAME:**        |
| OTHER PARTY COMPANY/INSTITUTION NAME:       |
| **OTHER PARTY DETAILS:**Other Party is listed on the Government of Canada Named Research Organizations (NRO) (<https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/named-research-organizations>) [ ]  Yes – if selected, stop here and contact TDO [ ]  No | Other Party is listed on the Consolidated Canadian Autonomous Sanctions List (<https://www.international.gc.ca/world-monde/international_relations-relations_internationales/sanctions/consolidated-consolide.aspx?lang=eng#dataset-filter>[ ]  Yes – if selected, stop here and contact TDO[ ]  No |
| *Note that the government of Canada updates the above lists on a regular basis. Please check list each time before submitting a new Form 102.****This section must be complete.*** |
| **Start Date of Project:**       **End Date of Project:**       |
| **TYPE OF AGREEMENT:** [ ]  Collaborative [ ]  Equipment [ ]  Service Agreement [ ]  Subgrant [ ]  Other (Specify):        |
| CO-INVESTIGATORS: (Name; Affiliation; Phone Number)       |
| **FUNDS:** [ ]  Incoming [ ]  Outgoing  |
| **CURRENCY**: CDN$ [ ]  US$[ ]  OTHER [ ]   |
| **PROJECT BUDGET:****Total (before overhead):** **Overhead/Indirect Costs\*:** **Total Budget:**  |  |
| **\*OVERHEAD/INDIRECT COSTS ADDED:**[ ]  In accordance with policy:      % [ ]  Rate different than stipulated in the policy**:**      % Justification**:** |
| **BREAKDOWN**:Year 1: $      | Year 2: $      | Year 3: $      | Year 4: $      | Year 5: $      | Total: $      |
| **TO BE APPLIED FOR BEFORE INITIATION**: Human Subjects **Will** Be Used [ ]  Yes [ ]  No | **PLEASE ANSWER ALL QUESTIONS**Certificate #       |
| Animal Subjects **Will** Be Used [ ]  Yes [ ]  No | Certificate #       |
| Biohazardous Materials **Will** Be Used [ ]  Yes [ ]  No | Certificate #       |
| Radioactive Materials **Will** Be Used [ ]  Yes [ ]  No | Certificate #       |
| **LOCATION(S) WHERE RESEARCH WILL BE CARRIED OUT:**   |
| **DEPARTMENTAL SPACE/RESOURCES CONFIRMED:**  |
| [ ]  Yes Necessary equipment is available (research and IMIT)  | [ ]  No (Please provide details on page 2) |
| [ ]  Yes Adequate administrative and infrastructure support is available | [ ]  No (Please provide details on page 2) |
| [ ]  Yes Adequate space is available | [ ]  No (Please provide details on page 2) |
| Principal Investigator | 1 | **PRINTED NAME**      |  | **SIGNATURE** |  | **DATE**      |
| Department Head | 2 |       |  |  |  |       |
| Sr Exec Director, Research | 3 |       |  |  |  |       |
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# RESOURCE IMPACT STATEMENT FOR RESEARCH AGREEMENT

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| **HIRING/HUMAN RESOURCES:** Describe new hires and/or senior/unusual positions. Especially any hires requiring institutional support (i.e. whose full costs are not covered by the proposed funding). Describe if/how existing staff would be supported by the proposed funding. |
|       |
| **EQUIPMENT:** Describe significant equipment acquisitions (large quantities or dollar amounts, other special arrangements). If not already described in "Laboratory", are any changes or renovations to laboratory space required to accommodate proposed equipment? |
|       |
| **COMPUTER RESOURCES / IT:**  Describe IT equipment to be added to site and any need for IT support, including website support, email addresses, networking, data storage, back-up, IT architecture consulting. Describe how project computing and IT will be managed. Confirm consultation and acceptance of proposed plan by IT manager; where applicable, a statement of work can be attached. |
|       |
| **OFFICE:** Describe any required changes to current office space (additional space required, renovations, and relocation). |
|       |
| **LABORATORY:** Describe any required changes to current laboratory space (additional space required, renovations, and relocation). Renovation includes any alterations to laboratory space that requires external staff, such as electricians, HVAC, or general contractors. |
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| **CONFLICT OF INTEREST:** Are you aware of any conflicts of interest that may have a bearing on this project?  [ ]  Yes (please elaborate below) [ ]  No (Please note that all conflicts of interest must be disclosed annually to PHSA)

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|  | Principal Investigator | Co-Investigator | Other |
| Seat on Board of Directors | [ ]  | [ ]  | [ ]  |
| Seat on Scientific Advisory Board | [ ]  | [ ]  | [ ]  |
| Any Role within the Company  | [ ]  | [ ]  | [ ]  |
| Shares in Sponsor Company | [ ]  | [ ]  | [ ]  |
| License/Option Agreement | [ ]  | [ ]  | [ ]  |
| Non-Disclosure Agreement | [ ]  | [ ]  | [ ]  |
| Consulting Agreement | [ ]  | [ ]  | [ ]  |
| Other conflicts of interest [ ]  Please describe:       |

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| **ADDITIONAL INFORMATION:**  |  |
| Will you be using any proprietary or confidential materials or information in the project? [ ]  No [ ]  Yes (please specify)Source of Material:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nature of Material:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you conducting any research for another collaborator or sponsor that might overlap with this project?[ ]  No [ ]  Yes (please describe)      |
| Will students be involved in the project? [ ]  No [ ]  YesIf YES, will this work be part of a thesis? [ ]  No [ ]  YesIf yes, please list academic affiliations for those students who will be working on this research project     If yes, please list funding sources for those students who will be working on this research project      |
| Will any employees of the collaborator or sponsor be participating in the project? [ ]  No [ ]  YesIf yes – will they be participating on site at BC Cancer or the Research Institute? [ ]  No [ ]  YesWill they participate on site at another PHSA location? [ ]  No [ ]  YesSite:       |