niagarahealth
Research Office

Account Number Assigned:	Overhead Rate: %

REQUEST FOR OPENING NEW RESEARCH ACCOUNTS

Please complete all four (4) pages of this form, provide the following documentation and submit to:
Finance Department (1200 Fourth Ave, St. Catharines, ON L2S 0A9) Attn: Kathy Alexander & Karen Van Dongen

Please include the following with your request for account:
1. Abstract/Protocol/Summary ☐
2. Contract/Notification of Award/Funding Agreement ☐
3. Budget ☐
4. REB Approval Letter (for research studies) ☐
5. Biosafety approval ☐ - (if required)

ACCOUNT INFORMATION

Sponsor Code: (office use only)	Account Name:
REB #:	Biosafety Approval #:

Type of Application (CHECK ONE only):

Basic Science: ☐ New ☐ Renewal

Research: ☐ New ☐ Renewal

Clinical Trial: ☐ New ☐ Renewal – ☐ Phase I ☐ Phase II ☐ Phase III ☐ Phase IV

Clinical Research: ☐ New ☐ Renewal

Education: ☐ New

Administrative: ☐ New

Discretionary: ☐ New

Other: _____

ACCOUNT HOLDER INFORMATION

Name of Account Holder (PI):

Telephone:	Email:

SPECIAL INSTRUCTIONS - Please list the contact person for admin queries:

Contact Name:	Contact Phone:

SPONSOR INFORMATION

Sponsor/Grantor:

Sponsor Award # (if applicable):

PROJECT INFORMATION

Project Title:

What type of project is this?

☐ Industry Sponsored ☐ Investigator Initiated ☐ Sub-Contract

☐ Other: _____

Niagara Health role in this project: ☐ Lead Site ☐ Participating Site

FINANCIAL INFORMATION

Start Date of Award (mm/dd/yyyy)	End Date of Award (mm/dd/yyyy)	Recruitment-Based End Date? ☐ Yes ☐ No

Total Award: $ _____ ☐ Canadian ☐ US ☐ Other: _____

Annual Award Amount:

Year 1: $_____ Year 2: $_____ Year 3: $_____Year 4: $_____

For Clinical Trials, please indicate the expected # of patients: _____ amount per patient: $_____

Is Financial Reporting Required? ☐ Yes ☐ No

If yes, please indicate the frequency of the reporting period: _____

Will Niagara Health employees be paid from this account? ☐ No ☐ Yes – please explain below

SIGNING AUTHORITY

The account holder grants the following people signing authority on this account. Changes in account signing authority will be authorized by the account holder in writing or email, and sent to Finance Department.

Employee Name	Position	E-mail	Extension	Employee Signature

ACCOUNTABILITIES OF ACCOUNT HOLDER

As primary signing authority for Research accounts established in my name, I read, acknowledge and accept the following conditions:

1. To read, understand and comply with all applicable sponsors' policies, regulations, terms and conditions of the grant or award; and all institutional policies governing research accounts, including, but not limited to the opening and closing of accounts, budget control, travel, allowable business expenses, ethics and overhead.

2. To authorize all expenditures to be charged against my accounts and/or delegate (see below) this authority at my discretion.

3. To inform persons delegated signing authority on my research accounts of applicable sponsor requirements (as outlined in item 1 above), and of the associated responsibility for compliance.

4. To obtain any additional approval signatures, prior to making financial commitments.

5. To authorize and ensure delegate(s) authorize only allowable expenses against my research accounts, which may involve consultation with the Niagara Health Research Office, Finance Department and/or the sponsor.

6. Capital expenditures (computers, software and equipment) must be allowable under the terms and conditions of the fund source agreement from they are incurred and purchased following the purchase policies and guidelines of the Institution. A reimbursement for capital purchases where a personal credit card is used is strictly prohibited.

7. To review the accounts monthly financial statements, to identify any discrepancies and take corrective action in consultation with the Finance Department or Niagara Health Research Office.

8. To reimburse the applicable research account(s) any expenditures by my delegates or me if disallowed by the sponsor.

9. To eliminate any unauthorized over-expenditures (deficit balances) in accordance with the Budget Control Policy for Research Accounts. If all other alternatives have been exhausted, this balance is the personal responsibility of the account holder. This is inclusive of any salary and benefit commitments and severance obligations.

10. To ensure all certifications are in order and comply with Niagara Health and Federal regulations covering the ethical and safe conduct of research.

11. The account holder agrees to comply with the Niagara Health policy regarding the charging of overhead costs to non-peer reviewed research projects.

Failure to comply with the above conditions may result in account inactivation and the fund source notified.

Account Holder Name (please print):	Account Holder Signature:	Date (mm/dd/yyyy):

AUTHORIZATION BY RESEARCH OFFICE	
Signature:	Date (mm/dd/yyyy):