

Research Project Request Form (P1 Form)

Guidelines:

- Only **Principal Investigators** can open and own a Project.
- Signing authority can only be delegated to a maximum of 3 Unity Health Toronto employees per Project. For approval limits please refer to Unity Health Toronto [Signing Authority Policy](#).
- Any delegation which is canceled must be communicated to the Office of Research Administration and may be replaced by a new delegation, using [Delegated Signing Authority Form](#)
- Please note that the "**Name of Study/Project**" will be the title of your project on your dashboard. This is limited to 60 characters.

Instructions:

Complete ALL fields on the form (except where noted) and attach the following documentation:

1. A digital copy of the award letter and include the [GAP ID](#) below or [CONTRACT ID](#)
2. A digital copy of the award application/proposal and budget
3. A digital copy of the REB (research ethics board) approval, if applicable

 A video to walk you through this form can be found [HERE](#).

Responsibilities:

1. Principal Investigators are responsible for the overall financial management of their research project and will comply with Unity Health Toronto's policies and procedures (ie. Ethics, [Procurement, Travel & Expense, T&E Research Supplement](#) and Human Resources) as well as the terms and condition of the grant and/or contract.
2. Principal Investigators must ensure that all expenditures are for the purpose of the study, in accordance with the budget and/or agency requirements and necessary for the research study being undertaken.
3. Principal Investigators initiate and approve all research project expenditures by approving personally or delegating authority in writing.
4. Principal Investigators are responsible to review all financial/payroll reports on a regular basis (at least monthly) and partner with their Sr. Research Financial Analyst for any corrections required.
5. Principal Investigators are responsible to ensure that sufficient funds are available to fund all expenditures.
6. Principal Investigators are accountable and responsible for all deficits resulting from over-expenditure, expenses deemed ineligible by the sponsor and failure to comply with the regulations of the funding agency and Unity Health Toronto's policies.
7. The Principal Investigator submitting RPRF will not seek remuneration for services performed resulting in financial gain for himself/herself, related party, affiliate or colleague. Written approval must be obtained prior to requesting remuneration with the Business Manager Research & Academic Affairs. Delays in payment will be incurred if a review and declaration is not completed.

I have delegated signing authority (not my responsibilities) and/or access to financial and payroll reports to:

NAME	EMPLOYEE ID #	JOB TITLE	AUTHORITY LIMIT (\$)	SIGNATURE allowable signature*	Grant access to financial and payroll reports
1.					
2.					
3.					

Grant access to financial and payroll reports to individuals not listed above:

Name	Employee ID #

I understand and agree to abide by the responsibilities assigned to me as noted above.

Investigator Name: _____

Employee ID#: _____

Signature: _____

Date: _____

Name of Study/Project (limited to 30 characters): _____

Full Title of Study/Project: _____

Original Funding Source: _____

Site: _____

Sub-Grant In: Yes Name of Institution: _____ No

Project Total Amount: _____

Budget Breakdown Provided: Yes , attached budget breakdown No

Institution Match Required: % or \$ _____ Source(s): _____

Timeline: _____ TO _____
Start Date (dd-mmm-yyyy) End Date (dd-mmm-yyyy)

Financial Reporting:

Progress Reporting:

Invoice/Billing:

Overhead: _____ If Other: _____

Will payroll be charged?

Research Pharmacy Fee:

Vivarium (Animal) Fee: _____ Animal Protocol #:

Research Core Facilities Fee:

Research Ethics ID Number: - _____ N/A

Contract ID Number: - _____ N/A

GAP ID Number: - _____ N/A

Investigator Initiated:

Clinical Trial: _____ approx. # of participants: _____

DO NOT COMPLETE BELOW: WILL BE COMPLETED BY YOUR SR. RESEARCH FINANCIAL ANALYST

AU: _____ Funding Type: _____ Ref#: _____

Project Number: L1R _____ L2 _____ L3 _____ L4 _____

Multiple Projects: No L3 _____ L4 _____

L3 _____ L4 _____

L3 _____ L4 _____

POP Dates _____ TO _____

U of T Reporting _____ UofT Code (if applicable): _____

Finance Owner _____

RESEARCH FINANCE APPROVAL: _____