

Research Proposal Approval Form (RPAF)



ST. JOSEPH'S CARE GROUP

The RPAF alerts St. Joseph's Care Group (SJCG) whether research projects have specific ethics, release time, personnel, space, or other requirements. This form, plus a copy of the full proposal (including the budget), must be submitted to Research Services two weeks prior to the Funder's deadline. Please complete and print the form, acquire the appropriate signatures, and send the original hardcopy to Carrie Gibbons, Manager – Library and Research Services. If you have any questions about completing this form, please contact Carrie Gibbons (gibbonsc@tbh.net, 346-3697). *It is the responsibility of the Researcher to submit the full proposal to the Funder.*

This RPAF and accompanying documentation will be kept confidential and not be released without the prior written approval of the Principal Investigator.

1. Basic Proposal Information

| | |
|------------------------------|--|
| Project Title: | |
| Name of Funder: | |
| Funding Program Name: | |
| Funder's Deadline: | |
| Project Key Words (up to 5): | |

2. Investigators (add pages as needed)

| | | |
|---|---------------|--|
| 1 | Name: | |
| | Role: | |
| | Organization: | |
| | Department: | |
| | Telephone: | |
| | Email: | |

| | | |
|---|---------------|--|
| 2 | Name: | |
| | Role: | |
| | Organization: | |
| | Department: | |
| | Telephone: | |
| | Email: | |

| | | |
|---|---------------|--|
| 3 | Name: | |
| | Role: | |
| | Organization: | |
| | Department: | |
| | Telephone: | |
| | Email: | |

3. Budget

| | |
|---|----------------------|
| Direct Costs: | <input type="text"/> |
| Indirect Costs/Overhead (must be included where allowed by Funder): | <input type="text"/> |
| In-Kind Contributions (if applicable): | <input type="text"/> |
| Total Budget: | <input type="text"/> |

4. Detailed Project Information

a) Does this proposal depend on matching or leverage funds from other sources?

Yes

No

If yes, please provide details (max 950 characters):

b) Is release time being requested as part of the proposal?

Yes

No

If yes, please provide details (max 950 characters):

c) Is new construction, equipment installation or renovation required?

Yes

No

If yes, please provide details (max 950 characters):

d) Is additional space required?

Yes

No

If yes, please provide details (max 950 characters):

e) Is there a conflict of interest (real or potential) involving any of the investigators involved in this proposal?

Yes

No

If yes, please provide details (max 950 characters):

f) Will you be requesting support from the Centre for Applied Health Research?

Yes

No

If yes, please provide details (max 950 characters):

5. Certifications

Please indicate if any of the following apply to the proposal:

Controlled Drugs: £ Yes £ No
 Drugs: £ Yes £ No
 Human Participants, Human Tissue/Fluids: £ Yes £ No

Please note that research that takes place at St. Joseph's Care Group involving clients, clients' health records, staff or programs of SJCG must be reviewed by the Research Ethics Board and, where applicable, the Joint Pharmacy and Therapeutics Committee for all medical devices and pharmaceutical products.

6. Principal Investigator's Undertaking

- This application is submitted in compliance with the Funder's conditions and policies and procedures of St. Joseph's Care Group.
- The research shall be performed and administered in accordance with the Funder's terms and conditions and the Policies and Procedures of St. Joseph's Care Group.
- All staff engaged on the project shall be fully informed of these conditions, policies and procedures.
- I accept responsibility for any over expenditure on the grant as the Principal Investigator of the project.

| | | |
|----------------|-----------|------|
| | | |
| Name (printed) | Signature | Date |

7. Approvals

Please obtain the signature of the **Manager** of the department/program/service at SJCG where the research will be conducted indicating approval for this submission.

| | | |
|----------------|-----------|------|
| | | |
| Name (printed) | Signature | Date |

Please obtain the signature of the **Director** of the department/program/service at SJCG where the research will be conducted indicating approval for this submission.

| | | |
|----------------|-----------|------|
| | | |
| Name (printed) | Signature | Date |

OFFICE USE ONLY:

Signing Authority (Vice President, People, Mission and Values or designate)

St. Joseph's Care Group will administer the project in accordance with its guidelines and policies and the terms and conditions of the Funder's guidelines.

| | | |
|----------------|-----------|------|
| | | |
| Name (printed) | Signature | Date |