

Research Activity Request Form

Guidelines:

- Only **Principal Investigators** can open and own an Activity.
- Signing authority can only be delegated to a maximum of 3 Unity Health Toronto employees per Activity. 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 the [Delegated Signing Authority Form](#)
- Please note that the **"Activity Name of Study/Project"** will be the title of your project on your dashboard. This is limited to 30 characters.

Instructions:

1. Complete ALL fields on the form (except where noted) Attach the following documentation:
2. A digital copy of the award letter and include the [GAP ID](#) below or [CONTRACT ID](#)
3. A digital copy of the REB (research ethics board) checklist, if applicable
4. 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 and Expense](#), [Research T&E 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 is necessary for the research study being undertaken.
3. **Principal Investigators** initiate and approve all expenditures from their research activity by personally approving or delegating authority in writing.
4. **Principal Investigators** are responsible for reviewing on a regular basis (at least monthly) all financial and payroll reports 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-expenditures, expenses deemed ineligible by the sponsor and failure to comply with the regulations of the funding agency and/or Unity Health Toronto's policy.
7. The **Principal Investigator** applying for the RARF 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) to:

	NAME	JOB TITLE	LIMIT	SIGNATURE allowable signature*
1.				
2.				
3.				

*Limit cannot exceed value assigned to level of authority as per Corporate Policy (ie. Coordinators cannot exceed \$1000, etc.)

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

Investigator Name: _____

Signature: _____
allowable signature*

Date: _____
(dd-mmm-yyyy)

Activity 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: Yes , _____% 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:
 Research Core Facilities Fee:
 Research Ethics ID Number: _____ - _____ N/A
 Contract ID Number: _____ - _____ N/A
 GAP ID Number: _____ - _____ N/A
 Investigator Initiated:
 Clinical Research: _____ approx. # of participants: _____

THE FOLLOWING WILL BE COMPLETED BY YOUR RESEARCH FINANCIAL ANALYST. DO NOT COMPLETE BELOW

AU: _____ Funding Type: _____ Ref#: _____
 Activity Number: L1R _____ L2 _____ L3 _____ L4 _____
 Multiple Activities: L3 _____ L4 _____
 L3 _____ L4 _____
 L3 _____ L4 _____
 POP Dates _____ TO _____
 U of T Reporting UofT Code (if applicable): _____
 Finance Owner _____
 RESEARCH FINANCE APPROVAL: _____