Unity Health Toronto
Office of Research Administration

**Addendum #5 – Service Provider (Independent Contractor)**

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| **Section 1: Conflict of Interest** |
| Does the Unity Health Toronto Investigator or his/her family member(s) have one or more of the following interests? Please note that if you select yes, this information will be used for review under the [Research Conflicts of Interest Policy.](http://cpps/Default.aspx?cid=888&lang=1)[ ]  No [ ]  Yes, please contact Marianna Betro at x45521 for details and check all that apply:[ ]  Employment, consulting, ownership, or other financial interest in any entity that could benefit from the results of the study (including the funder, sponsor, owner of the study product, or entity that supplies products/materials for the study)[ ]  Member of the senior management (e.g. CEO or VP) or an officer or director of any entity that could benefit from the results of the study (including the funder, sponsor, owner of the study product, or entity that supplies products/materials for the study)[ ]  Inventorship, copyright or other ownership interest in the study product or a competitor product[ ]  Endorsement of the study product or a competitor product (i.e. my name, or my family member’s name, is associated in endorsing the product)The Unity Health Toronto Investigator is responsible for asking all members of the research team (including co-investigators, coordinators, managers, research, administrative staff, etc.) if they have any of the interests listed above.  |
| Are there any disclosures to be made by other members of the research team? [ ]  No [ ]  Yes please contact  Marianna Betro at x45521  |
| If you answered yes to either of the above, has this information been disclosed in the REB application? [ ]  Yes |
| **Section 2: Service Provider Details** |
| Is Unity Health Toronto/PI:[ ]  Obtaining Services from External Party- Please complete section 2A ***or***[ ]  Providing Services to External Party- Please proceed to section 3 |
| **Section 2A: Obtaining Services from External Party** |
| Is the Service Provider an employee of the hospital? | [ ] Yes [ ] No  |
| Does the statement of work fall under a current Unity Health Toronto Job Description? Please describe services:       | [ ] Yes [ ] No  |
| Will the Service Provider be working on-site at Unity Health Toronto? If yes, please explain:  | [ ] Yes [ ] No  |
| Is the Service Provider required to have any licenses or certificates? If yes, please list.  | [ ] Yes [ ] No  |
| Will the Service Provider be given Personal Health Information by Unity in the provision of the Services? If yes, has this been outlined in the study protocol and informed consent? If you have answered No to this question, please explain why:  | [ ] Yes [ ] No [ ] Yes [ ] No  |
| Service Provider Contact Information: Address:  Email: Phone: Service Provider’s GST # or SIN #    |
| **Section 3: Contract Terms**  |
| Please describe the tasks that will be expected of the Service Provider (e.g., conduct analysis of XXX, database development, etc.). 1.      2.      3.       |
| Please describe the deliverables (e.g., interim progress reports, analyzed data, a report of the analysis, draft publication manuscript, software code, final database, etc.) that will be provided by the Service Provider. 1.      2.      3.       |
| **Section 4: Payment Details** |
| Total value of the contract:      \*Is this inclusive of tax: [ ] Yes [ ] No \*If payment is **outgoing from Unity** **Health Toronto** and the pre-tax value of the contract:  (a) is between $24,999- $99,999, please provide three quotes or approved Non-Competitive Approval Form (NCAF) (b) exceeds $99,999, please provide approved NCAFFor information regarding procurement directives, please click [here](http://stmichaelshospitalresearch.ca/staff-services/research-finance-2/procurement-services/).Currency: $CAN [ ]  $US [ ]  Other [ ]  if other, name currency      *Please note that Service Provider (Independent Contractor) agreements require a maximum amount (or number of hours to be spent by the Service Provider). In order to extend the amount of time or to increase the amount, please contact Research Contracts for an amendment.* |
| Payment Amount (please complete one of the options below): [ ]  Lump sum of $      or [ ]  $     /hour to a maximum of $      or [ ]  $     /hour to a maximum of      hours or[ ]  Detailed budget is attached with this AddendumPayment Schedule (please complete one of the options below): [ ]  Lump sum upon completion of the Services or [ ]  Quarterly or      [ ]  Upon receipt of invoices after receipt of each deliverable listed in Section 3 above or[ ]  In two (2) or       equal installments or[ ]  Detailed budget is attached with this Addendum |