**Is a Service Provider Agreement Required? Checklist & Form *(Version Date Apr 2024)***

**Please complete** this checklist to determine if a formal contract is required with your external vendor/counterpart/service provider.

* If you answer yes to any of the questions below a contract may be needed and you should consult

with Research Contracts.

* If you answer No to all of the questions below, please forward this completed checklist along with

the invoice to Research Finance who will review your request and if appropriate will process the invoice. Research finance reserves the right to request further information or details if required. Please include Research Contracts on your email to Research Finance.

|  |  |
| --- | --- |
| **Question** | **Response** |
| Will this engagement involve sharing of confidential information/intellectual property or sensitive information (e.g., recordings, transcripts) with the service provider? | [ ]  Yes [ ] No  |
|  |  |
| Are you (or have you) shared personal health information or biological samples with the service provider? | [ ]  Yes [ ] No |
| Is there a deliverable (including but not limited to website, logo, prototype) that should be owned by hospital? | [ ]  Yes [ ] No  |
| Is this an advance payment? | [ ]  Yes [ ] No  |
| Does the Service Provider or the Principal Investigator require a contract when Unity Health Toronto engages with the service provider? | [ ]  Yes [ ] No  |
| Does Unity Health Toronto have any obligations to perform, other than payment for service, under the Agreement? | [ ]  Yes [ ] No  |
| Is there further or future work that the service provider needs to complete?**If yes,** please describe the work and deliverables: Click or tap here to enter text. | [ ]  Yes [ ] No  |
| Is there the possibility there could be a discrepancy between Unity Health and the Service Provider in what is stated in the work deliverables?  | [ ]  Yes [ ] No  |
| If the work is already completed, are there any further payments other than those outlined on the invoice, that need to be paid to the service provider that will exceed **$7,500.00**? | [ ]  Yes [ ] No  |
| [ ]  N/A |
| Will the total amount of the services exceed **$7,500.00** in the life of the engagement of the project? | [ ]  Yes [ ] No  |
| Is the service provider a family member of the Principal Investigator (or the individual responsible for the decision to engage this incumbent)? | [ ]  Yes [ ] No  |
| Is the service provider affiliated with an organization in which the Principal Investigator or the Principle Investigator’s family member has a financial or ownership interest?  | [ ]  Yes [ ] No  |
| (Family Member includes a spouse, domestic partner, child, parent, sibling, grandparent, grandchild or other close relation. For the purpose of this policy (i.e., Research Conflicts of Interest), a family relationship includes biological relationships, adoptive relationships, relationships created through marriage and other relationships in which care-giving or dependency exists. Please note that if you indicate “Yes”, before this hire can be processed this information will be forwarded to the Office of Research Administration for review under the Research Conflicts of Interest Policy) |

|  |  |
| --- | --- |
| **Name of Vendor** |  |
| **Time Frame of Service/Engagement** | Start Date:  | End Date:  |
| **Max Dollar Value of engagement**  |  |
| **Purpose of Engagement/Service & Description of Deliverables** |  |
| **UHT Principal Investigator Name *(Print)*** |  |
| **UHT Principal Investigator Signature**  |  |