



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Research Approval Form (RAF)

NOSM Researchers are required to fill out a RAF when applying for funds as a lead or co-investigator. If you are a co-investigator, indicate the primary academic affiliation and contact information for the principal investigator. The RAF is required: to mitigate risk, understand the required project resources, identify any budgetary issues, and collect necessary NOSM approvals. The RAF plus a copy of the proposal and budget must be submitted to the Research Office (research@nosm.ca) two weeks prior to the external application deadline.

SECTION A. Researcher Details

Applicant Name:

Academic Division of Applicant:

Applicant Email:

Clinical Sciences

Human Sciences

Medical Sciences

Role: Principal Investigator Co-investigator

List of Co-investigators (and principal investigator if applicant is a co-investigator):

Name

Institution

Faculty / Department

SECTION B. Research Location

Where will your research be conducted (geographic location):

Thunder Bay

Sudbury

Other, *specify*:

SECTION C. Project Details

Project Title:

Key Words Describing the Project:
(list up to five keywords)

1.

2.

3.

4.

5.

Start Date:

Type of Submission:

New

Resubmission

Renewal

End Date:

Percent of applicant's time for this project:

%

SECTION D. Special Requirements

Will students be working on this proposed research (check all that apply): Undergraduate Graduate No

Does the project involve:

	No	Yes – Approval Pending	Yes – Approved	Protocol #
a) Human subjects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b) Human stem cells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c) Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d) Biohazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e) Radio isotopes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Is additional space, renovation to existing space, or installation of new lab equipment required:

Yes →
 No

If yes, have you contacted a NOSM Lab Coordinator to make arrangements:

Yes
 No

Note: For research conducted at Lakehead University, complete the Lakehead University Use of Facilities form if you plan to utilize the Lakehead University Centre for Analytical Services, University Instrumentation Laboratory, Greenhouse, LU-CARIS, Paleo-DNA Lab, Forest Soils Lab, and/or other departmental laboratories.

SECTION E. Funding

Name of Funding Agency:

Name of Funding Program:

Type of Funding Requested (check one): Contract Grant Other, *specify*:

Is there partner funding involved in this project: No

Yes → List the partnering sponsors and level of support:

Will NOSM be administering the grant funds: Yes

No → Where will the funds be held:

SECTION F. Budget Information

Budget Item	Total
Personnel* (include benefits)	
Graduate student stipend	
Supplies	
Equipment	
Travel	
Subcontracts	
Other, (Please list)	
Total Direct Costs (TDC)	
Indirect Costs (% of TDC)	
GRAND TOTAL	

Funds Requested (12-month period)	
Year 1	
Year 2	
Year 3	
Year 4	
Year 5	
GRAND TOTAL	

*If you are hiring on grant funds contact Human Resources

SECTION G. Signatures

Signature of the Applicant indicates acceptance and willingness to carry out the work as described in the proposal and within the established budget of the proposal. All research activity will be undertaken in accordance with the policies and procedures of the Northern Ontario School of Medicine and the host institutions and in accordance with the terms and conditions of the funding agency/organization. The Principal Investigator also accepts responsibility for any over-expenditure on the award.

Signature of Applicant: _____ **Date:** _____

Signature of the Division Head acknowledges the research activity described and accepts the availability of resources, including office space and the proposed time commitment of the applicant to the project. Confirms that the applicant is a member of the Division and in good standing.

Signature of Division Head: _____ **Date:** _____

Signature of the Associate Dean Research, Innovation and International Relations acknowledges the research activity described and accepts the availability of resources, including lab space and financial commitments entailed by the activity.

Signature of Associate Dean

Research, Innovation and International Relations: _____ **Date:** _____