OR-5 Form (revised May 1, 2024)
RESEARCH PROPOSAL APPROVAL FORM

Please forward complete form to Research Services Office: (resserv@uoguelph.ca) once signed by Department and College.

Basic Submission Information

Submission Type:	Application/ Proposal Award/ Agreement
	Other (please specify):
University of Guelph Principal Investigator (PI) ?	
Department/School/Centre	
Project Title ?	
Sponsor ?	
Program ?	

Additional Submission Information

Are there other sponsors involved in this Project? ?	No Yes ⭐	
Related Sponsor (and Program, if applicable) ?	**Status** ?	**Account #** ?
1.		
2.		
3.		
4.		

Budget Information

(University of Guelph funding only: total budget if lead applicant or portion for U of G co-applicant/collaborator)

Direct Costs of Research ($) ?	
Indirect Cost Rate (% of Direct Costs) ?	
Indirect Costs of Research ($)	
Total Value of Exemptions **($) (enter '0' if Not Applicable)** ?	
Total Cost of Research ($) ? **Specify currency (XYZ):**	

Resource Use

If **Yes**, please click the 'star' icon beside each question for more details.	Yes	No
Will the proposed research make use of ARIO Research Centres or Campus Animal Facilities? ⭐		
Is faculty release time or faculty salary requested? See University of Guelph Faculty Association (UGFA) Collective Agreement. ⭐		
Is new construction, equipment installation, or renovation required? ⭐		

International Research

	Yes	No
a) Does this proposal involve a topic relating to another country?		
b) Does this proposal involve collaborations with an institution/organization outside of Canada?		

If **Yes** to either (a) or (b) above, or both, please specify:

Country/Countries:

Collaborating institution(s)/organization(s) and their associated countries:

Project Purposes:

Research   Development   Teaching

Training   Evaluation   Conference(s)

Other   (please specify):

Certifications

Please consider research conducted on or off-campus.	Yes	No	Will involve at later date	Approved Protocol # (if available)	For protocol or updates, visit the relevant website link below.
Human Participants					[Research Ethics Services](#)
Live Animals/Animal Tissue(s)					[Animal Care Services](#)
Biohazardous Materials					[Environmental Health & Safety Office](#)
Controlled drugs (as the subject of the research)					[Office of Research: Ethics & Regulatory Compliance](#)
Radioactive materials, x-rays or class 3b or 4 lasers					[Environmental Health & Safety Office](#)

Declaration of Financial Interest

Do you have any financial interest in the sponsor or industry partner(s) associated with this project?	Yes No

Members of the University Community have a responsibility to ensure that conflicts of interest, including financial relationships, wherever and whenever they arise, are identified and disclosed to the next person in the line of authority within the University so that the conflict situation will be addressed and, if possible, accommodated.

Department/School and College authorization below of this proposal/application verifies that such disclosure has taken place and that the conflict has been addressed.

For further information or assistance please contact the Associate Vice-President (Research Services).

Policies and guidelines that address conflicts of interest can be found in the UGFA Collective Agreement (Article 8), Guidelines on the Acceptance of Research Support, and the Policy on Responsibilities of Advisors, Advisory Committees and Graduate Students and Graduate Student-Advisor Mediation Procedures.

Signatures from PI, Department/School and College

All signatures on the OR-5 Form signify agreement with the Meaning of Signatures, and awareness and approval of the proposed research moving forward in the application/approval process

Principal Investigator	Department Chair / School Director (or designate)	Dean of College (or designate)	University Signing Authority
Signature	Signature	Signature	Signature
Print name & title	Print name & title	Print name & title	Print name & title
Date	Date	Date	Date