



OR-5 Form (revised October 2022) RESEARCH PROPOSAL APPROVAL FORM

Research Services Office Use Only		
COMPLETE:	Date received COMPLETE:	For data entry:
OR-5 Form []		Account no.
Proposal []	Date returned to PI:	Project no.
Budget []		Sponsor code

Basic Proposal Information

External Deadline Posted by Sponsor (dd/mm/yyyy):

Principal Investigator (or Co-Investigator, if project led by PI at another institution):
Department/School/Centre:

Title of Proposed Project (max 50 chars):

Sponsor (e.g., NSERC): **Program** (e.g., Discovery Grant):

Budget Information

Exemptions (if any e.g. ARIO RSSA fees)		Please specify Indirect Costs if not 25% (grants) or 40% (contracts): <input type="checkbox"/> Maximum allowable – attach copy of published guidelines from sponsor <input type="checkbox"/> Other negotiated rate – attach approval from AVPR/VPR
All other Direct Costs of research (eligible to calculate Indirect Costs)		
SUBTOTAL (Exemptions + other Direct Costs)		
Indirect Cost Rate (either 25% or 40%)		
Indirect Costs (other Direct Costs x Rate)		
TOTAL (SUBTOTAL + Indirect Costs)		

Detailed Proposal Information

1. PROJECT FUNDING SOURCES

	Yes	No
(a) Are there previously signed agreements which may impact this proposal (for example, terms on intellectual property)? If so please specify account or agreement:	<input type="checkbox"/>	<input type="checkbox"/>
(b) Does this proposal depend on matching or leveraged funds from other sources? If so please provide a list of these projects (or attach separate pages):	<input type="checkbox"/>	<input type="checkbox"/>

Sponsor and program (e.g., OMAFRA, New Directions)	Award period (e.g., 01/01/2022 to 30/12/2022)	Amount of funding (\$ CDN)	Trust account number OR OMAFRA Project #

2. RESOURCE USE	Yes	No
(a) Will the proposed research make use of any OMAFRA Research Stations or Campus Animal Facilities?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please complete and attach relevant budget templates.		
(b) Is faculty release time or faculty pay requested?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please specify:		
(c) Is new construction, equipment installation, or renovation required?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please attach cost estimate from Physical Resources.		
(d) Is additional space required?	<input type="checkbox"/>	<input type="checkbox"/>

3. INTERNATIONAL RESEARCH

(a) Does this proposal involve a topic relating to another country?	<input type="checkbox"/>	<input type="checkbox"/>
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OR

(b) Does this proposal involve collaborations with an institution/organization outside of Canada?	<input type="checkbox"/>	<input type="checkbox"/>
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If Yes to either (a) or (b) above, or both, please specify:

Country(ies):

Project purposes:

Research <input type="checkbox"/>	Development <input type="checkbox"/>	Teaching <input type="checkbox"/>	Training <input type="checkbox"/>
Evaluation <input type="checkbox"/>	Conference(s) <input type="checkbox"/>	Other <input type="checkbox"/> (please specify)	

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

Collaborating institution(s)/organization(s)	Country

Certifications

	Yes	No	Will involve at later date	Approval Obtained Protocol #	For new protocol or protocol updates, go to the relevant website link.
Live Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Animal Care Services ext. 56632
Biohazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Environmental Health & Safety Office ext. 53190
Controlled Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		OVC Pharmacy for Health Canada Exemption ext. 54196
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Drug Use Form ext. 54196
Hazardous Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Environmental Health & Safety Office ext. 56401
Human Participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Research Ethics Services ext. 58024
Radioactive Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Environmental Health & Safety Office ext. 54888
Radiation Emitting Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Environmental Health & Safety Office ext. 54888
Transgenic Animals/Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Research Risk Management ext. 52048
OVC Health Sciences Centre Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		OVC Health Sciences Centre ext. 54102

Declaration of Financial Interest

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

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 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