

OFFICE OF THE VICE PRESIDENT, RESEARCH: RIS Application Attachment

For Office Use Only:	Date Received	Time Received	Application No.
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RESEARCHER INFO	Researcher LAST Name (or Supervisor for fellow/studentships only)			Researcher FIRST Name		Appointment Status <input type="radio"/> Tenured <input type="radio"/> Tenure Stream <input type="radio"/> CLTA <input type="radio"/> Teaching Stream (Lecturer/Sr. Lecturer) <input type="radio"/> Status Only <input type="radio"/> Emeritus/Retired <input type="radio"/> Other	
	Personnel #	Phone #	EXT	Fax #	e-mail Address		
	UofT Department of Primary Appointment				UofT Administering Unit (if different from Department)		
	Student Name (if fellow/studentship)				Student Signature		

PROJECT	Title of Research Topic of work/research							
	Sponsor (from which funds are being requested)					Electronic submission? <input type="radio"/> No <input type="radio"/> Yes		
	Is this a subgrant to UofT? <input type="radio"/> No <input type="radio"/> Yes →			Name of Primary Sponsor Name of Lead Institution				
	Will UofT be subgranting funds to another institution? <input type="radio"/> No <input type="radio"/> Yes →			Name of Subgrantee Institution(s)				
	Are there collaborating sponsors? <input type="radio"/> No <input type="radio"/> Yes → Name of collaborating sponsors				Renewal		Competition Deadline Date	New Renewal
	Please rate the likelihood of this project having a commercial outcome, where 1 is unlikely and 5 is highly likely. 1 2 3 4 5			International (outside Canada) Component. Please identify all associated countries as applicable. Countries (names) Sponsor Collaborator/Co-investigator Location of work/research Topic of work/research Other (specify)				
Would you be interested in speaking with a representative from The Innovations Group about the University's Inventions Policy, commercialization of inventions, or collaborative research with industry? <input type="radio"/> No <input type="radio"/> Yes								

CO-INVESTIGATORS/ COLLABORATORS	1. Name, Address, Institutional Affiliation	2. Name, Address, Institutional Affiliation	3. Name, Address, Institutional Affiliation
	_____	_____	_____
	_____	_____	_____
For additional names, please attach a separate sheet			

LOCATION(S) OF RESEARCH	Please identify where the research will be taking place (if more than one location, indicate primary by clicking option button)	
	University of Toronto - Building(s)	
	Hospital(s) - Name(s)	
Other Institution(s) / Location(s)		

CLASSIFICATION	Keywords (please specify up to 10)	Please indicate which of the following areas are applicable to your research (check all that apply)																			
		<table> <tr> <td>Advanced Health Technologies</td> <td><input type="checkbox"/> Manufacturing</td> </tr> <tr> <td>Bio-Economy</td> <td><input type="checkbox"/> Multimedia, Culture & Entertainment</td> </tr> <tr> <td>Clean Technologies</td> <td><input type="checkbox"/> Nanotechnology</td> </tr> <tr> <td>Digital Media</td> <td><input type="checkbox"/> Natural Resources</td> </tr> <tr> <td>Energy</td> <td><input type="checkbox"/> Pharmaceutical Research/Manufacturing</td> </tr> <tr> <td>Environment</td> <td><input type="checkbox"/> Social Sciences</td> </tr> <tr> <td>Health & Related Life Sciences</td> <td><input type="checkbox"/> Space</td> </tr> <tr> <td>Humanities</td> <td><input type="checkbox"/> Sustainability</td> </tr> <tr> <td>Information & Communications Technologies</td> <td>Other (please specify)</td> </tr> <tr> <td>Interdisciplinary</td> <td></td> </tr> </table>	Advanced Health Technologies	<input type="checkbox"/> Manufacturing	Bio-Economy	<input type="checkbox"/> Multimedia, Culture & Entertainment	Clean Technologies	<input type="checkbox"/> Nanotechnology	Digital Media	<input type="checkbox"/> Natural Resources	Energy	<input type="checkbox"/> Pharmaceutical Research/Manufacturing	Environment	<input type="checkbox"/> Social Sciences	Health & Related Life Sciences	<input type="checkbox"/> Space	Humanities	<input type="checkbox"/> Sustainability	Information & Communications Technologies	Other (please specify)	Interdisciplinary
Advanced Health Technologies	<input type="checkbox"/> Manufacturing																				
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Health & Related Life Sciences	<input type="checkbox"/> Space																				
Humanities	<input type="checkbox"/> Sustainability																				
Information & Communications Technologies	Other (please specify)																				
Interdisciplinary																					

FOR THE USE OF FACULTY OF MEDICINE APPLICANTS ONLY - PROJECT CLASSIFICATION CODES**Area of Application / Disease Codes**

Please select **up to 2** codes which best describe the disease or condition that would benefit from the results of your research.

- | | |
|---|--|
| <input type="checkbox"/> 01 Infectious and parasitic | <input type="checkbox"/> 20 Congenital anomalies |
| <input type="checkbox"/> 02 Neoplasms | <input type="checkbox"/> 21 Perinatal |
| <input type="checkbox"/> 07 Blood | <input type="checkbox"/> 22 Ill-defined conditions |
| <input type="checkbox"/> 08 Mental and behavioural diseases | <input type="checkbox"/> 23 Accidents, poisoning, violence |
| <input type="checkbox"/> 10 CNS organic | <input type="checkbox"/> 51 Endocrine, nutritional and metabolic diseases and immunity disorders |
| <input type="checkbox"/> 12 Cardiovascular | <input type="checkbox"/> 52 Diseases of the skin and sub-cutaneous tissue |
| <input type="checkbox"/> 13 Respiration | <input type="checkbox"/> 77 Population health (general) |
| <input type="checkbox"/> 14 Gastro-intestinal disease | <input type="checkbox"/> 78 Health services (general) |
| <input type="checkbox"/> 16 Genito/urinary system | <input type="checkbox"/> 79 Psycho-social and behavioural (general) |
| <input type="checkbox"/> 17 Pregnancy/birth | <input type="checkbox"/> 88 Multiple diseases relevance |
| <input type="checkbox"/> 19 Musculo skeletal | <input type="checkbox"/> 99 None of the above |

Area of Research / Discipline Codes

Please select **up to 4** codes which best describe your area(s) of research / discipline.

- | | | |
|--|--|---|
| <input type="checkbox"/> 1 Aging | <input type="checkbox"/> 20 Imaging (including nuclear medicine) | <input type="checkbox"/> 40 Theoretical biology |
| <input type="checkbox"/> 2 Addiction research | <input type="checkbox"/> 21 Immunology | <input type="checkbox"/> 41 Toxicology |
| <input type="checkbox"/> 3 Anaesthesiology | <input type="checkbox"/> 22 Microbiology, bacteriology, parasitology, virology | <input type="checkbox"/> 42 Tropical medicine |
| <input type="checkbox"/> 4 Anatomy | <input type="checkbox"/> 23 Molecular biology | <input type="checkbox"/> 43 Obstetrics & gynaecology |
| <input type="checkbox"/> 5 Biochemistry | <input type="checkbox"/> 24 Neurobiology | <input type="checkbox"/> 44 Pathology |
| <input type="checkbox"/> 6 Biophysics, bioengineering, medical instrumentation and devices | <input type="checkbox"/> 25 Nephrology | <input type="checkbox"/> 45 Neonatology |
| <input type="checkbox"/> 7 Biotechnology | <input type="checkbox"/> 26 Nutrition and metabolism | <input type="checkbox"/> 46 History of medicine |
| <input type="checkbox"/> 8 Bone and mineral metabolism | <input type="checkbox"/> 27 Cancer | <input type="checkbox"/> 47 Psychology |
| <input type="checkbox"/> 9 Cardiovascular | <input type="checkbox"/> 28 Vision | <input type="checkbox"/> 48 Urology |
| <input type="checkbox"/> 10 Cell biology | <input type="checkbox"/> 29 Orthopaedics | <input type="checkbox"/> 49 Medical education |
| <input type="checkbox"/> 11 Dental science, oral biology | <input type="checkbox"/> 30 Otolaryngology | <input type="checkbox"/> 50 Blood, haematology |
| <input type="checkbox"/> 12 Dermatology | <input type="checkbox"/> 31 Pharmacology | <input type="checkbox"/> 51 Rheumatology |
| <input type="checkbox"/> 13 Endocrinology | <input type="checkbox"/> 32 Physiology | <input type="checkbox"/> 52 Medical ethics |
| <input type="checkbox"/> 14 Environmental and occupational medicine | <input type="checkbox"/> 33 Preventive medicine | <input type="checkbox"/> 53 Psychiatry |
| <input type="checkbox"/> 15 Epidemiology | <input type="checkbox"/> 34 Psycho-social medicine | <input type="checkbox"/> 54 Biostatistics |
| <input type="checkbox"/> 16 Gastrointestinal and liver | <input type="checkbox"/> 35 Public health | <input type="checkbox"/> 55 Speech/language |
| <input type="checkbox"/> 17 Growth and development, including human genetics | <input type="checkbox"/> 36 Rehabilitation | <input type="checkbox"/> 56 Women's health issues |
| <input type="checkbox"/> 18 Health care and economics | <input type="checkbox"/> 37 Respiriology | <input type="checkbox"/> 57 Emergency medicine |
| <input type="checkbox"/> 19 Health policy | <input type="checkbox"/> 38 Sports medicine | <input type="checkbox"/> 58 Occupational therapy |
| | <input type="checkbox"/> 39 Surgery | <input type="checkbox"/> 59 Physical therapy |
| | | <input type="checkbox"/> 60 Biomedical communications |
| | | <input type="checkbox"/> 61 Sociology |
| | | <input type="checkbox"/> 62 Family medicine |

E / B / CONTROLLED GOODS CONT'D	D. 7 CBHFC @ @8 ; CC8 G will be involved in the research..... <input type="radio"/> No <input type="radio"/> Yes If YES, will the controlled goods be imported or exported? <input type="radio"/> No <input type="radio"/> Yes
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PLANNING AND RESOURCES	Does this proposal involve a contribution by the University to direct costs? <input type="radio"/> No <input type="radio"/> Yes If yes, please describe: amount \$ source
	Does this project involve the acquisition of high performance computing infrastructure? <input type="radio"/> No <input type="radio"/> Yes
	Is there any construction or renovation involved in this project? <input type="radio"/> No → Skip to Undertakings section, below <input type="radio"/> Yes → Continue to next item in this section
	Known or preferred location/building (incl. room #): Amount of new space required: (in net assignable square metres [nasm]):
	Type of space is: <input type="checkbox"/> Dry lab nasm <input type="checkbox"/> Computer rooms nasm <input type="checkbox"/> Wet lab nasm <input type="checkbox"/> Other (specialized support space) nasm <input type="checkbox"/> Offices nasm

UNDERTAKINGS	<p>RESEARCHER UNDERTAKING</p> <p>1. This application is submitted in compliance with the Sponsor's conditions and University policies and procedures.</p> <p>2. The research shall be performed and administered in accordance with the Sponsor's terms and conditions and the University's policies and procedures.</p> <p>3. All persons engaged on the project, whether paid or unpaid, shall be properly trained, fully informed of, and agree to be bound by, the award conditions.</p> <p>4. Any research involving the use of human subjects, animals, biohazardous agents, radioactive materials, hazardous chemicals, or controlled goods will not be undertaken without prior written approval of the appropriate University ethics committee.</p> <p>_____ SIGN HERE ▼</p> <p style="text-align: center;">Researcher Signature Date</p>
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UNDERTAKINGS	<p>CHAIR / DIRECTOR / DEAN / PRINCIPAL UNDERTAKING (if not already on application)</p> <p>These signatures confirm that a) the information contained in the proposal and on this application attachment is as accurate as possible, b) that the department/centre/institute is willing to provide the necessary administrative and other support should the application be successful (including administrative support, financial support and space as indicated above and in the application).</p> <p>_____ SIGN HERE</p> <p style="text-align: center;">Print Name of Chair/Director Signature Date</p> <p>_____ SIGN HERE</p> <p style="text-align: center;">Print Name of Dean/Principal (if applicable) Signature Date</p> <p>If research is to be performed at a Hospital or other institution(s), please provide signature of Hospital Research Director or institution's Executive Head.</p> <p>_____ SIGN HERE</p> <p style="text-align: center;">Print Name Signature Date</p>
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