**THE AGA KHAN UNIVERSITY**

**ANNEXURE TO THE GRANTS CHECKLIST FOR EXTRAMURAL FUNDING**

*Process for grant application submission for EA and UK campuses*

Name of Project:

Name of PI/PD: Budget: Sponsor:

**ANNEXURE 1 – HUMAN SUBJECTS IN THE PROJECT**

Does the project involve research with human subjects? Yes  No

Does your project relate to health Sciences or Social Sciences?

What is the Ethics approval status of the proposed project (check one please)?

Expect to apply to the \_(*name of Ethics committee*)\_\_by (*estimated date*)

Have applied to the \_(*name of Ethics committee*)\_on (date \_\_\_\_\_\_\_\_) and it is being considered.

Have already obtained approval\* from the (*name of Ethics committee*)\_via their letter dated \_\_\_\_\_\_\_\_.

*\* If you have already obtained approval please attach a copy of the letter*.

NB: If your project relates to medical sciences you may also need to apply to your government’s central bioethics committee.

Comments, if any:

**ANNEXURE 2 – USE OF ANIMALS IN THE PROJECT**

Does the project involve use of vertebrae animals? Yes  No

What is the Ethics approval status of the proposed project (check one please)?

Expect to apply to the \_(*name of Ethics committee*)\_\_by (*estimated date*)

Have applied to the \_(*name of Ethics committee*)\_on (*date* \_) and it is being considered.

Have already obtained approval\* from the \_\_(*name of Ethics committee*)\_via their letter dated \_\_\_\_\_\_\_\_.

*\* If you have already obtained approval please attach a copy of the letter*.

Have you confirmed from Animal House personnel if AKU has the necessary facilities to handle the animals/ processes required in your project? Yes  No

If yes, please provide letter/ email about this confirmation.

Comments, if any:

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**ANNEXURE 3**

**PROJECT ACTIVITIES OFF-CAMPUS**

Name of Project:

Name of PI/PD: Budget: Sponsor:

Please mention off-campus location(s) where research activity will take place.

In simple terms please describe what activity will take and how it will be done including probable dates and time of day.

**ENDORSEMENT OF SAFETY AND SECURITY**

* *We have reviewed the proposal and certify that to the best of our knowledge:*
* *The safety and security standards of the off campus site proposed is acceptable for AKU employees and visitors to work in or visit.*
* *The location of the off campus site and places intended to be visited by AKU employees or those associated with the project, do not pose a known security risk. We however reserve the right to periodically review the situation and advice appropriately if circumstances change.*

Name of Safety and Security signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments by Safety and Security (if any):

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**ANNEXURE 4**

Name of Project:

Name of PI/PD: Budget: Sponsor:

**ON-SITE FACILITY/SPACE**

Can the project be undertaken in the facilities/space available at your institute / department, including supporting staff and other activities required to support the project?

Yes  No

If yes, please provide details

**OFF-SITE FACILITY/SPACE**

Would administrative space be required off-campus Yes  No

If, yes please provide details below including location, number of users and type of usage.

**ENDORSEMENT OF HOUSING DEPARTMENT**

* *We certify that we have examined the off-campus premises/facilities to undertake this research (e.g. rent, utilities, refurbishment etc) including the budget and certify that these are adequately covered.*
* *We certify that to the best of our knowledge the lease and other documents executed for this purpose are as per AKU policy requirements and the contracted party is acceptable.*

*OR*

* *We will ensure that the lease documents are executed appropriately and are involved in short listing parties for this purpose. We have reviewed the proposal and certify that to the best of our knowledge:*

Name of Safety and Security signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments by Safety and Security (if any):

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**ANNEXURE 5**

Name of Project:

Name of PI/PD: Budget: Sponsor:

**LABORATORY/ BENCH SPACE**

If yes please specify which laboratory you intend to use, how many benches required and for what period?

Has the manager of the bench space agreed to provide the space? Yes  No

Does AKU have all relevant equipment your project needs? Yes  No

If yes, pleased specify the equipment you need. (use separate sheet if list cannot fit in box below)

**For equipment not available with AKU, what is your plan?**

Build it as part of the project budget.

Obtain facility from a commercial organization\*

Request an external collaborator to do it for the project\*

Others (please specify)

*\* Has the necessary amount required for this purpose budgeted in the grant?* Yes  No

How do you intend to dispose of any hazardous material once activity is completed

Additional comments

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**ANNEXURE 6**

Name of Project:

Name of PI/PD: Budget: Sponsor:

**Use of bio-hazardous\* substances OR Any potential medical or social risks?**

Does your project use any bio-hazardous material? If yes please mention below. Yes  No

*\* Bio-hazardous materials include infectious agents, corrosive items, carcinogenic materials, radioactive materials, controlled substances, genetically modified materials, or any items requiring special handling including use of BSL3 facilities.*

Details of Bio-hazardous materials used? (Please use additional sheets if required)

Does the project involve negotiations/ cooperation of individuals with political /religious affiliations. Yes  No

Can the questionnaire be in potential conflict to the beliefs/ policies of local government/ religious groups?

Yes  No

Has the questionnaire been checked or pre-tested for its compliance to the norms of the society of the country/ population? Yes  No

Additional comments:

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Name of Project:

Name of PI/PD: Budget: Sponsor:

**ANNEXURE 7**

**EXTERNAL COLLABORATORS**

In addition to AKU, will the project be carried out at other institutions/universities/organizations, including the sponsoring organization, whose output may impact AKU’s performance? Yes  No

If yes, please attach a letter from the collaborator/ authorized person of the organization. Please note that the external collaborator does not sign the checklist which is an internal AKU document. He/she only gives a letter that s/he knows about the project, define what they will perform and utilized budget or do the work at no cost.

Is AKU the primary institution which would be responsible to administer funds? Yes  No

If yes, please also fill annexure 8, as AKU may be required to give out sub-awards

Name/s of the Secondary Institution/s, names of collaborators and nature of collaboration. *(Use additional sheets if required)*

**ANNEXURE 8**

**SUBAWARDS**

As AKU will be giving sub-awards and distributing money, has Finance Division performed their due diligence and considered their status adequate to withstand the scrutiny of audit. Yes  No

Were the sub-awardees selected in a fair and transparent manner? Yes  No

Have you received signed letters of support from partner organizations? Yes  No

Will the study require transfer of material (human/biomaterial e.g. tissues, blood etc) or data in any form? (*Please make a material transfer agreement or data transfer agreement before such transfer happens)* Yes  No

Please list the name and address of potential sub-awardee along with what they will do. *(Use additional sheets if required)*

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**ANNEXURE 9**

Name of Project:

Name of PI/PD: Budget: Sponsor:

**DEGREE AND DIPLOMA COURSES OFFERED BY THE PROJECT**

Will the project offer AKU degrees or diplomas or fund students? Yes  No

What category of students will be receiving training or be funded by this grant?

PhD students  Specify type Masters  Specify type

Undergraduate  Specify type Diploma  Specify type

Does your project have any postdoctoral fellows Yes  No

If yes please define briefly

**ENDORSEMENT OF THE REGISTRAR**

*I certify that I have reviewed the application including the course of study, duration of course, fees, stipend and other indicators required for a training grant and confirm to the best of my knowledge that they are correct at the time of submission.*

Name of person signing for Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments by Registrar (if any):

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**ANNEXURE 10**

Name of Project:

Name of PI/PD: Budget: Sponsor:

**INTELLECTUAL PROPERTY AND ITS COMMERCIAL VALUE**

In your opinion, will the outcome of this project lead to commercial development? Yes  No

Equipment/ product

Research technique/ instrument/process that has commercial value

Any product, process or service with practical or commercial application

Diagnostic or screening tool

Drug/therapeutic/ prophylactic agent

Test, assay or technique for commercially important substance/process

Software

Medical instrument

Books or Monographs/ Manuals

Others (please specify)

*If you feel that you have an idea with commercial value, please do not disclose it to anyone, neither publish or present it at any gathering until you have a chance to discuss it with the legal department who will guide you on how to protect your idea via patent or copyright.*

Additional comments, if any

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**ANNEXURE 11**

Name of Project:

Name of PI/PD: Budget: Sponsor:

**CLINICAL TRIAL**

Is the proposed study a clinical trial? Yes  No

Please specify what is being tested ie drug, technique, equipment etc. *(Use additional sheets if necessary)*

Which phase (from 1 to 4) would you rate this trial?

Is it a; Hospital-based trial  Field-based trial

Please specify location(s) of trial where AKU is involved

**ENDORSEMENT OF THE CLINICAL TRIAL UNIT (CTU)**

*I have reviewed the Clinical trial proposal/ protocol and it is in line with the compliance and ethical policies of AKU. Adequate resources are budgeted to undertake this trial.*

Name of person signing for CTU: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments by CTU (if any):

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**ANNEXURE 12**

Name of Project:

Name of PI/PD: Budget: Sponsor:

**CONFLICT OF INTEREST**

1. Is there any real or perceived Conflict of interest (COI) in the project? Yes  No
2. Are any of the PI/PD/co-I/ collaborator related to each other Yes  No
3. Do you have any financial or other link with the sponsor? Yes  No
4. Have you signed or online filled up AKU’s COI form Yes  No
5. Are you willing to sign and comply to the sponsor’s COI policy if required? Yes  No

If you answered yes to any of questions 1 to 3 OR no to either 4 or 5, please explain below.

**ANNEXURE 13**

**EXIT STRATEGY/ CONTINUING PROJECT ACTIVITES AFTER GRANT FUNDING ENDS**

Most projects end once the grant funding ends. However plans are usually made so that the impact of the project continues after its closure.

Will project activities continue once the project ends? Yes  No

If yes, will additional resources be required to fund them? Yes  No

If yes, will AKU be expected to fund them  A fresh grant will be applied for  Other

What are the implications of closing down activities once the grant ends?