This form must be·completed for each site where research activity is proposed. This form should be completed by the Principal Investigator (or delegate) in collaboration with the Business Manager (BM) (or equivalent) and Head of Department (HoD)/Divisional Director. The BM is responsible for ensuring the proposed research activities outlined in the protocol are costed in accordance with awards and agreements, policies and guidelines. The HoD/Divisional Director is responsible for ensuring the costs of the project are met by the Sponsor or the Department. The PI must then submit this form with the Site-Specific Assessment form, Supporting Department Quotation Requests, Research Agreements and Indemnity forms to the Research Governance Officer (RGO).

| **1** | **RESEARCH PROJECT** | |
| --- | --- | --- |
| 1.1 | Project Reference Number: |  |
| 1.2 | Project Title: |  |
| 1.3 | Protocol Number: |  |
| 1.4 | Principal Investigator: |  |
| 1.5 | Research Department (*this is the Department/Service Area where the research project will be conducted):* |  |
| 1.6 | *(If Other selected at 1.5)*  Specify Details: |  |
| 1.7 | Cost Centre/Special Purpose Trust (SPT): |  |
| 1.8 | Target number of participants expected at this site: |  |

| **2** | **RESEARCH DEPARTMENT COSTS**  *(this is the Department/Service Area where the research project will be conducted)* | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Major category | | Service and Support Item | Cost Description | Cost per test/item | Quantity | Total Cost |
| Choose an item. | | Choose an item. |  |  |  |  |
| Choose an item. | | Choose an item. |  |  |  |  |
| Choose an item. | | Choose an item. |  |  |  |  |
| Choose an item. | | Choose an item. |  |  |  |  |
| Choose an item. | | Choose an item. |  |  |  |  |
| *(add/remove rows as required)* | | | | | | |
| Standing Costs | | | | | | |
| Ethics Approval | | Ethics review |  |  |  |  |
| Site Specific Asessment | | Preparation of the SSA application by the project team |  |  |  |  |
| Record archiving | | Archiving of trial records – performed by host department |  |  |  |  |
| Total Research Department Costs | | |  | | | |

| **3** | **SUPPORTING DEPARTMENTS** **COSTS**  *(this is a Department/Service Area that will provide services to the research project, but is not responsible for the overall conduct of the research project)* | | |
| --- | --- | --- | --- |
| Name of Department | | Quotation Request Attached | Total Cost |
| Choose an item. | | Choose an item. |  |
| Choose an item. | | Choose an item. |  |
| Choose an item. | | Choose an item. |  |
| Choose an item. | | Choose an item. |  |
| Total Supporting Department Costs | | |  |

| **4** | **TOTAL COSTS** | |
| --- | --- | --- |
| Research Department Costs *(from Section 2)* | |  |
| Supporting Department Costs *(from Section 3)* | |  |
| TOTAL PROJECT COSTS | |  |

| **5** | **SPONSOR / FUNDING** **SOURCE** | | | |
| --- | --- | --- | --- | --- |
| Sponsor Type | | Name | Research Agreement Attached (if relevant) | Funding Amount |
| Choose an item. | |  | Choose an item. |  |
| Choose an item. | |  | Choose an item. |  |
| *(add/remove rows as required)* | | | | |
| TOTAL PROJECT FUNDS | | | |  |

| **6** | **TOTAL** | |
| --- | --- | --- |
| Project Costs *(from Section 4)* | |  |
| Project Funds *(from Section 5)* | |  |
| TOTAL PROJECT SURPLUS / SHORTFALL | |  |

| **7** | **COST RECOVERY** | |
| --- | --- | --- |
| For commercially sponsored projects there should be full cost recovery. Where there is a short-fall in commercially sponsor projects or for non-commercial projects (eg collaborative research, investigator-initiated where the health service is funding the project or projects with grants) the PI will have to negotiate with Supporting Departments and/or the Head of Department/Divisional Direct for in-kind support or provide operational funding from Special Purpose Trust accounts (SPT).  If the total project costs are not fully covered by the commercial sponsor or non-commercial projects (eg collaborative research, investigator initiated where the health service is funding the project or projects with grants), detail how the costs will be covered and the benefit from the research to the institution. | | |
| 7.1 | Comments: |  | |

| **8** | **BUSINESS MANAGER DECLARATION** | |
| --- | --- | --- |
| * I have read the research project application and protocol named above. * I have discussed this research project, and the resource requirements with the Principal Investigator and Head of Department/Divisional Director. * This financial analysis is costed in accordance with awards and agreements, policies and guidelines. | | |
| 8.1 | Comments: |  |
| 8.2 | Name: |  |
| 8.3 | Signature: |  |
| 8.4 | Date *(dd/mm/yyyy)*: |  |

| **9** | **HEAD OF DEPARTMENT / DIVISIONAL DIRECTOR DECLARATION** | |
| --- | --- | --- |
| * I have read the research project application named above and the research budget. * I have discussed this research project, and the resource implications for this department, with the Principal Investigator. * All investigators/students from my department involved in the research project have the skills, training and experience necessary to undertake their role. * There are suitable and adequate facilities and resources for the research project to be conducted at this site. * This project has strategic benefit for the department/health service. * I support this research project being carried out using such resources and funding as documented in the budget. | | |
| 9.1 | Comments: |  |
| 9.2 | Name: |  |
| 9.3 | Signature: |  |
| 9.4 | Date *(dd/mm/yyyy)*: |  |

*If you require assistance or have feedback regarding the use of this form, please contact* [*research.governance@health.tas.gov.au*](mailto:research.governance@health.tas.gov.au)*.*