**Instructions:**

*This form should be completed to the best of the ability of the Weill-Cornell Principal Investigator leaving WCMC and who wishes to transfer his/her grant(s) and/or contract(s)* ***from WCMC*** *to* ***another organization****.*

**RELINQUISHING PROJECT INFORMATION**

|  |
| --- |
| **Principal Investigator:**       |
| **Funding Agency:**       |
| **Grant # (Agency ID):**       | **Department Contact:**       |
| **Fund Center#:**       | **Contact Phone:**       |
| **WBS Element:**       | **Contact E-mail:**       |
| **Date PI will leave WCMC:**       |
| **Date grant will be relinquished from WCMC :**       |
| **Has the Funding Agency been notified of pending transfer? Yes [ ]  No [ ]**  |
| **If yes, please provide any relevant details in the Comments section below.** |
| **If no, please follow funding agency transfer guidelines for notification.** |

**NEW (RECEIVING) INSTITUTION INFORMATION**

|  |  |
| --- | --- |
| **New Institution:**       | **Administrative Contact:**       |
| **New Department:**        | **Contact Phone:**       |
| **New Position Title:**       | **Contact E-mail:**        |

**PROTOCOL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Are Human Subjects involved?**   |  **Yes** | **[ ]**  | **No [ ]**  |
| **Protocol #:**       |
| **If yes, please contact the** [**IRB office**](http://researchintegrity.weill.cornell.edu/) **to ensure appropriate closeout of protocol.** |
| **Are Vertebrate Animals involved?** |  **Yes** | **[ ]**  | **No [ ]**  |
| **Protocol #:**       |  |  |  |  |
| **If yes, please contact the** [**IACUC office**](http://researchintegrity.weill.cornell.edu/) **to ensure appropriate closeout of protocol.** |
| ***PLEASE NOTE: Protocols may need to remain active if a subcontract is executed back to WCMC.*****Is biohazardous materials/recombinant DNA involved? Yes [ ]  No [ ]** **If yes, please contact the** [**IBC**](http://researchintegrity.weill.cornell.edu/) **for assistance with disposal/transfer of material.** |

**INTELLECTUAL PROPERTY INFORMATION**

|  |
| --- |
| **Have any inventions been disclosed under this project? Yes [ ]  No [ ]**  |
| **If yes, please contact the Office of Licensing and Ventures for assistance.**  |

|  |
| --- |
| **Comments:**       |
|       |

**SUBCONTRACT/SUBRECIPIENT/CONSORTIUM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Does this project involve subcontract (s)?**   | **Yes** | **[ ]**  | **No** | [ ]  |
| **If yes, has the PI notified the subcontractor (s) of the pending transfer? Yes** **[ ]  No** **[ ]**  |
| **Name of subcontractor site and contact (s):**       |
|        |
|        |

**WCMC KEY PERSONNEL INFORMATION**

|  |
| --- |
| **Will a subcontract need to be issued to WCMC by New institution? Yes** **[ ]  No [ ]**  |
|  **Consideration example - Are project supported graduate students completing degrees performing work that will not be transferred?** |
| **If yes, please identify who will become the Sub PI to continue the WCMC scope of work.** |
| **WCMC Consortium PI:**       |
| **If possible, please indicate who would remain WCMC Key personnel.** |
| **WCMC Consortium Key Personnel:**       |
| ***PLEASE NOTE: All WCMC Key personnel that will not be continuing work on the project will need to be notified to ensure effort is completed by new end date and necessary Payroll Actions are appropriately processed to remove salary support within 90 days of relinquishment date.***  |

**MATERIAL TRANSFER INFORMATION**

|  |
| --- |
| **Will any of the grant inventory require transfer as scope of work product? Yes [ ]  No [ ]**  |
| **(e.g. samples, genetically modified mice) If yes, please work with the** [**CCTEC**](http://www.cctec.cornell.edu/inventors/materialtransfer-detail.php) **to complete an outgoing Material Transfer agreement.** |

**EQUIPMENT INFORMATION**

|  |
| --- |
| **Will equipment funded by this grant be transferred to New institution? Yes [ ]  No [ ]**  |
| **If yes, please provide on a separate sheet a list which describes the item, cost, acquisition date, tag#, funding source, and current owner of the title of the equipment (i.e., “WCMC”, “Sponsor” or “not sure”).** |

**BUDGET INFORMATION**

|  |  |
| --- | --- |
| **Notice of Award is received reflecting new end date.** | **[ ]**  |
| **Check that cost-sharing commitments are completed at time of new end date.** | **[ ]**  |
| **Ensure HR paperwork processed and changed to end salary support for all personnel that will not be continuing work within 90 days of the relinquishment date.** | **[ ]**  |

**PENDING APPLICATIONS**

|  |  |
| --- | --- |
| **Work with PI on notifying Sponsors of transfer for pending applications that have received a fundable score.** | **[ ]**  |

**FORM REQUIREMENTS SECTION**

**NIH FORMS**

**ORIGINAL (RELINQUISHING) INSTITUTION**

1. **For NIH Grant awards (EXCEPT Fellowship F Mechanism –SKIP TO SECTION B)**

|  |  |
| --- | --- |
| 1. **Relinquishing Statement (PHS Form 3734)**
 | **[ ]**  |
| 1. **Internal Equipment Approval Form (if applicable)**
 | **[ ]**  |
| 1. **Final Progress Report**
 | **[ ]**  |
| 1. **Federal Financial Report (SF 425/SF 425A)**
 | **[ ]  *(due 90 days from end date)*** |
| 1. **Final Invention Statement (HHS Form 568)**
 | **[ ]  *(due 90 days from end date)*** |

1. **For NIH Fellowship (F mechanism) awards**

|  |  |
| --- | --- |
| 1. **Letter on Institutional letterhead**
 | **[ ]**  |
| ***(replaces relinquishing statement)*** |  |
| 1. **Proposed date of transfer**
 |  |
| 1. **Indicate whether the proposed training will continue as originally approved**
 |  |
| 1. **Statement indicating original institution relinquishes all interests and rights to the fellowship (Mid-year transfer should include the stipend balance as of the date of the transfer)**
 |  |
| 1. **Termination Notice (PHS 416-7)**
 | **[ ]**  |
| 1. **Item 6 – Reflect the specific dates the fellow was supported at original institution**
 |  |
| 1. **Item 7 – Provide the amount of stipend and number of months and days each year supported at the original institution (Do not include Institutional Allowance or any tuition as part of the stipend amount)**
 |  |
| 1. **Item 8 – Indicate termination notice is due to a “Change of Sponsoring Institution”**
 |  |

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| --- |
| SIGNATURES DESIGNATING APPROVAL OF PROJECT TRANSFER: |
| PI\*: | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Department Admin\*\*:  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Chair\*\*\*:  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\*PI signature denotes accuracy of information provided.**

**\*\*Department Administrator (or designee) signature confirms form was reviewed and HR, Faculty Affairs, and Finance-related matters are attended to concerning this grant.**

**\*\*\*Chair Signature denotes approval and support of WCMC relinquishing grant to new institution.**

**Additional comments can be provided below:**

|  |
| --- |
|       |
|       |

**Submit the attached form and any supplemental materials to** **grantsandcontracts@med.cornell.edu****. Please put in subject of email “Relinquish Request\_PI Last Name\_Grant# or Unique Identifier**