**Instructions:**

*This form should be completed to the best of the ability of the new Weill-Cornell Principal Investigator transferring his/her grant(s) and contract(s)* ***to WCMC*** *from another institution.*

**NEW (RECEIVING) PROJECT INFORMATION**

|  |  |
| --- | --- |
| **Principal Investigator:** | |
| **CWID:** | |
| **Highest Degree:** | **Department Contact:** |
| **Funding Agency:** | **Contact Phone:** |
| **Grant # (Agency ID):** | **Contact E-mail:** |
| **eRA Commons Username:** | |
| **Academic Appointment Start Date:**        **Please provide department verification of the appointment start date.** | |
|  | |

**ORIGINAL (RELINQUISHING) INSTITUTION INFORMATION**

|  |  |
| --- | --- |
| **Original Institution:** | **Administrative Contact:** |
| **Original Department:** | **Contact Phone:** |
| **Original Position Title:** | **Contact E-mail:** |
| **Date grant will be relinquished from Original (Relinquishing) Institution:** | |

**ORIGINAL (RELINQUISHING) INSTITUTION DOCUMENTATION**

|  |  |
| --- | --- |
| 1. **Copy of initial proposal and award statement** |  |
| 1. **Copy of latest progress report** |  |
| 1. **Copy of Relinquishment letter or signed agency relinquishment form** |  |
| 1. **If original award had a cost-share agreement, provide in the comments below how that cost-share will be fulfilled at WCMC.** |  |

**PROTOCOL INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Are Human Subjects Involved?** | **Yes** | |  | **No** |  |
| **If yes, please contact the** [**IRB office**](http://researchintegrity.weill.cornell.edu/) **to begin concordance approval of the scope of work with the human subject protocol.** | | | | | |
| **Collect CITI human subject certifications for all personnel involved with human subjects.** | | | | |  |
| **Are Vertebrate Animals Involved?** | | **Yes** |  | **No** |  |
| **If yes, please contact the** [**IACUC office**](http://researchintegrity.weill.cornell.edu/) **to begin concordance approval of the scope of work with the animal protocol.** | | | | | |
| **Will biohazardous materials/recombinant DNA be involved? Yes** | | |  | **No** |  |
| **If yes, please contact the** [**IBC office**](http://researchintegrity.weill.cornell.edu/) **for assistance with transfer of material.** | | | | | |

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| **Comments:** |

**SUBCONTRACT/SUBRECIPIENT/CONSORTIUM INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
| **Does this project involve subcontract (s)?** | | **Yes** |  | | **No** |  |
| **If yes, has the PI notified the subcontractor (s) of the transfer? Yes**  **No** | | | | | | |
| **Subcontract site (s):** |  | | | **Contact (s):** | | |
|  |  | | |  | | |
|  |  | | |  | | |

**WCMC KEY PERSONNEL INFORMATION**

|  |  |
| --- | --- |
| 1. **Collect biographical sketches for all WCMC Key personnel.** |  |
| 1. **Collect Other Support documents for all WCMC Key personnel.** |  |

**MATERIAL TRANSFER INFORMATION**

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| **Will any material be provided from the original (relinquishing) institution? Yes  No** |
| **(e.g. samples, genetically modified mice) This includes any personal inventory of the PI as it will need to be accounted for in the transfer process. If yes, please complete an** [**INCOMING Material Transfer Agreement Routing form**](http://weill.cornell.edu/research/forms_and_policies/grant_con.html) **to initiate the transfer process.** |

**EQUIPMENT INFORMATION**

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| **Will equipment be transferred to WCMC for this grant? Yes  No** |
| **If yes, please contact** [**Capital Planning**](http://weill.cornell.edu/capitalplanning/#about_us) **for appropriate equipment record retention.** |

**BUDGET INFORMATION**

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| --- | --- |
| 1. **Complete detailed budget for the funds to be transferred utilizing appropriate** [**WCMC Fringe Benefit rates and F&A (indirect cost) rates**](http://osra.weill.cornell.edu/ind_cos_rat.html)**.** |  |
| 1. **Request Pre-Award spending fund code with backstop via cost object request form.** |  |

**PROPOSAL INFORMATION**

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| --- | --- |
| 1. **Contact PI’s current grant person at relinquishing institution for a copy of the grant application, NOA.** 2. **Submit new proposal via** [**Electronic Routing Form (ERF)**](https://erf.med.cornell.edu/routing/RARFClient/routingClient.html) |  |
| 1. **If transferring grant to WCMC changes the scope of work, provide new scope of work and timeline.** |  |
| 1. **Complete new facilities and equipment describing WCMC resources.** |  |
| 1. **Completion of** [**Conflict of Interest Reports**](http://researchintegrity.weill.cornell.edu/)**.** |  |
| 1. **Completion of** [**Research Compliance Training**](http://weill.cornell.edu/research_compliance/training/) **for WCMC Faculty.** |  |
| 1. **Additional materials as specified by agency guidelines.** |  |

**FORM REQUIREMENTS SECTION**

**NIH FORMS**

**NEW (RECEIVING) INSTITUTION**

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

For instructions refer to link: <http://grants.nih.gov/grants/funding/phs398/phs398.html>

|  |  |
| --- | --- |
| 1. **Application face page (PHS Form 398)** 2. **“CHANGE OF GRANTEE INFORMATION” typed in capital letters across the top of the page**   [http://grants1.nih.gov/grants/funding/phs398/fp1.pdf](%20http://grants1.nih.gov/grants/funding/phs398/fp1.pdf) |  |
| 1. **Sponsor Statement (For K mechanism transfers)** |  |
| 1. **Progress Report**   <http://grants.nih.gov/grants/funding/2590/2590.htm>   1. **Anniversary date transfer (cycle start date): provide a progress report for the current year, including a statement regarding the goals of the upcoming year** 2. **Mid-year transfer: provide an updated progress report including a statement regarding the goals of the remaining period of committed support** |  |
| 1. **Resources Format page (PHS Form 398)** |  |
| 1. **Budget pages PHS Form 398) -current/future years** 2. **Modular grants: provide narrative budget justification, including total direct costs and F&A costs for the current budget period**   <http://grants.nih.gov/grants/funding/phs398/modbudget.pdf>   1. **If the grant currently includes salary support for PI or any other transferring member of the project and continued salary support is not required at the new institution, a statement regarding the proposed rebudgeting of these funds is required.** |  |
| 1. **Provide explanation if the unobligated balance and/or relinquished amount (including prior-year carryover) is greater than 25 percent of the current year’s total budget.** |  |
| 1. **Statement concerning current research plan and an indication of whether the original plan has changed.** |  |
| 1. **Updated PHS 398 biographical sketches for key personnel** |  |
| 1. **Updated Other Support for key personnel** |  |
| 1. **PHS 398 Checklist Page** 2. **Modular grants: information regarding the number of modules and the basis for computing F&A costs should be provided for future years on the checklist page.** 3. **Check the box for Change of Sponsoring Institution under Type of Application and include the name of the former institution on the same line.** |  |
| 1. **Approved concordant IRB/IACUC/IBC, if applicable** |  |
| 1. **Certification of Human Subjects Training (CITI), if IRB applicable, for all personnel involved in the design and conduct of human subject research.** |  |
| 1. **A list of equipment (which was purchased in whole or in part with grant funds and has an acquisition cost of $5,000 or more) to be transferred from the original grantee institution. Such a listing in the application represents acceptance of title to the transferred equipment.** |  |

1. **For NIH Fellowship (F mechanism) awards, utilize PHS 416-1 forms**

<http://grants.nih.gov/grants/funding/416/phs416.htm>

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| 1. **Form Page 1: Face Page** |  |
| 1. **Form Page 2: Sponsor/Co-Sponsor Information** 2. **If Sponsor/Co-Sponsor remains current as initially proposed, provide new contact information.** 3. **If Sponsor/Co-Sponsor changes, refer to Section 5.8 of the PHS 416-1 instructions.**   <http://grants.nih.gov/grants/funding/416/phs416-1.pdf> |  |
| 1. **Form Page 3: Goals, Activities Planned, Training Site (s), Human Embryonic Stem Cells** 2. **Items 18 and 19 are not required unless there are changes from original submission.** 3. **Item 20 will require the new information for the Project/Performance (Training) Site.** 4. **Item 21 will require completion of Human Embryonic Stem Cells, if applicable.** |  |
| 1. **Form Page 4: Table of Contents** |  |
| 1. **Research Training Plan: Include the research training plan from the original application to provide the new sponsoring institution a record of what was peer reviewed and approved.** |  |
| 1. **Training Plan, Environment, Research Facilities**   **Section 5.8.3 of the PHS 416-1 Instructions:**  <http://grants.nih.gov/grants/funding/416/phs416-1.pdf> |  |
| 1. **PHS Checklist Page** 2. **Check the box for Change of Sponsoring Institution under Type of Application and include the name of the former institution on the same line.** |  |
| 1. **Progress Report** 2. **Anniversary Date Transfer – Also include Form Page 2 and 3 from (PHS 416-9) of the Project Report for Continuation Support of Kirschstein-NRSA Individual Fellowships and a completed Targeted/Planned Enrollment Table Format Page or Inclusion Enrollment Report Format Page, if applicable.**   <http://grants.nih.gov/grants/funding/416-9/phs416-9.htm> |  |
| 1. **Approved concordant IRB/IACUC, if applicable** |  |
| 1. **Certification of Human Subjects Training (CITI), if IRB applicable, for all personnel involved in the design and conduct of human subject research** |  |

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| **SIGNATURES DESIGNATING APPROVAL OF PROJECT TRANSFER:**  Project’s Owning Org\* | | |
| **PI:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Business Manager\*:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Submit all materials to your assigned** [**OSRA Specialist**](http://osra.weill.cornell.edu/staff/dept_assign_gco.html)**.**