**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.** |

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

**SUBCONTRACT/SUBRECIPIENT/CONSORTIUM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

|  |
| --- |
| **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**

|  |
| --- |
| **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**

|  |  |
| --- | --- |
| 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**

|  |  |
| --- | --- |
| 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%3A//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>

|  |  |
| --- | --- |
| 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**
 | **[ ]**  |

|  |
| --- |
| **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)**.**