# WCM Incoming PI – Award Transfer Checklist

This form should be completed for each award being transferred from another institution to WCM. Requests should be directed to the Office of Sponsored Research Administration (OSRA) at grantsandcontracts@med.cornell.edu.

| **Principal Investigator Information** | |
|---|---|
| Name: | WCM Department/Division: |
| CWID/E-mail: | WCM Start Date: |
| eRA Commons ID: | Department POC: |
| **Relinquishing Institution Information** | |
| Institution Name: | Administrative Contact: |
| Contact E-mail: | Contact Phone: |
| **Award Information** | |
| Sponsoring Agency: | Agency Award Number: |
| Relinquishing Date: | Agency Grants Specialist: |

| **Relinquishing Institution Documents** |
|---|
| 1. Copy of initial Application package |
| 2. Copy of latest Progress Report (if applicable) |
| 3. Copy of Relinquishing Statement |
| 4. Copy of latest Notice of Award/Agreement |

| **Compliance Information** | Yes | No |
|---|---|---|
| Are Human Subjects involved? If yes, contact the IRB Office to begin the protocol review and approval process. | | |
| Are Vertebrate Animals involved? If yes, contact the IACUC Office to begin protocol review and approval process. | | |
| Does project involve biohazardous materials/recombinant DNA? If yes, contact the EHS Office for assistance | | |
| Does the project involved the use of radioactive materials? If yes, contact the EHS Office for assistance. | | |

| **Subaward Information** | | |
|---|---|---|
| Will the incoming grant require any subawards? If yes, identify below. Utilize additional pages as needed. | | |
| Subrecipient 1: | Contact: | E-mail: |
| Subrecipient 2: | Contact: | E-mail: |
| Subrecipient 3: | Contact: | E-mail: |

| **Equipment Information** | Yes | No |
|---|---|---|
| Will any equipment be transferred from prior institution? | | |

| **Material Transfer Information** | Yes | No |
|---|---|---|
| Will any material be provided from prior institution? If yes, contact OSRA Contracts for assistance. | | |