

Grant Transfer Checklist for PI

Transferring FROM AU to NEW INSTITUTION

Instructions:

*This form should be completed to the best of the ability of the Auburn University Principal Investigator leaving AU (or designee) who wishes to transfer his/her grant(s) and/or contract(s) **from AU** to **another organization**. Please complete a form for **each** project to be transferred.*

RELINQUISHING PROJECT INFORMATION

Principal Investigator:

Funding Agency:

Grant # (Agency ID):

Department Contact:

FOAP #:

Contact Phone:

Date PI will leave AU:

Contact E-mail:

Date grant will be relinquished from AU :

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.

Has Auburn Office of Sponsored Programs* been notified of pending transfer?

Yes ☐ No ☐

If no, please contact [OSP](#) at 334-844-4438 (or appropriate [Sponsored Programs Officer](#)). *OSP will notify Contracts and Grants Accounting.

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 [Office of Research Compliance](#) to ensure appropriate closeout of protocol.

Are Vertebrate Animals involved?

Yes ☐ No ☐

Protocol #: _____

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If yes, please contact the [Office of Research Compliance](#) to ensure appropriate closeout of protocol.

PLEASE NOTE: Protocols may need to remain active if a subcontract will be executed back to AU.

Are biohazardous material(s)/recombinant DNA involved? Yes ☐ No ☐

If yes, please contact [Risk Management and Safety](#) for assistance with disposal/handling of material(s).

INTELLECTUAL PROPERTY INFORMATION

Have any inventions been disclosed under this project? Yes ☐ No ☐

If yes, please contact the [Intellectual Property Exchange \(IPX\)](#) for assistance.

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): _____

AU KEY PERSONNEL INFORMATION

Will a subaward need to be issued to AU 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 Subaward PI to continue the AU scope of work.

AU Subaward PI: _____

If possible, please indicate who would remain AU Key personnel.

AU Consortium Key Personnel: _____

PLEASE NOTE: All AU 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 in a timely manner.

Note: All payroll certifications must be complete prior to an award being transferred.

MATERIAL TRANSFER INFORMATION

Will any grant inventory require transfer as scope of work product? Yes ☐ No ☐
(e.g. samples, genetically modified mice)

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If yes, please work with the **Intellectual Property Exchange (IPX)** to develop appropriate material transfer agreements.

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., "AU", "Sponsor" or "not sure")**.

BUDGET INFORMATION

Notice of Award is received reflecting new end date (as applicable). ☐

Check that cost-sharing commitments will be completed at time of new end date. ☐

Estimated amount available for transfer: \$
(please ensure all appropriate expenditures and commitments are made prior to relinquishment)

PENDING APPLICATIONS

Have sponsors of pending proposals been notified of transfer for applications that have received a fundable score? Yes ☐ No ☐

SIGNATURES DESIGNATING APPROVAL OF PROJECT TRANSFER:

PI*: _____ Date _____

Department _____ Date _____
Admin**:

Chair***: _____ Date _____

*PI signature denotes accuracy of information provided.

**Department Administrator (or designee) signature confirms form was reviewed and HR/finance-related matters are attended to concerning this grant.

***Chair Signature denotes approval/support of AU relinquishing grant to new institution.

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Additional comments can be provided below:

Submit the attached form and any supplemental materials to ospadmn@auburn.edu. Please put in subject of email "Relinquish Request_PI Last Name_Grant# or Unique Identifier.