

### 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 INFORMATIO	N		
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 No In the second of transfer of the second of transfer of transfer?  If no, please contact OSP at 334-844-4438 (or appropriate Contract Administrator).  *OSP will notify Contracts and Grants Accounting.			
NEW (RECEIVING) INSTITUTION INFORM	MATION		
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 or 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 <u>Risk Management and Safety</u> 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 Office of Innovation Advancement and Commercialization 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:			
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•			
PLEASE NOTE: All AU Key personnel that will not be continuing work on the project will need to			
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If yes, please work with the Office of Innovation Advancement and Commercialization 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").

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.

(please ensure all appropriate expenditures and commitments are made prior to relinquishment)

# PENDING APPLICATIONS

Estimated amount available for transfer: \$

Have sponsors of pending proposals been notified of transfer for a	• •
received a fundable score?	Yes No

SIGNATURES DESIGNATING APPROVAL OF PROJECT TRANSFER:

PI*:	Date	
Department	Date	
Chair***:	Date	

<sup>\*</sup>PI signature denotes accuracy of information provided.

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

<sup>\*\*\*</sup>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 <a href="mailto:ospadmn@auburn.edu">ospadmn@auburn.edu</a> . Please put in subject of email "Relinquish Request_PI Last Name_Grant# or Unique Identifier.	!	