

Award Transfer From VCU to Another Institution

Principal Investigator: _____

Sponsor: _____

Award No.: _____

Dates of Award: _____

Effective Date of Transfer*: _____

Date Sponsor was Notified of Transfer: _____

Amount to be Transferred: _____

Name of Non-VCU Institution: _____

Contact Name, Address, Phone & E-mail of Non-VCU Institution: _____

Will equipment purchased on this grant be transferred to the new institution? Yes No
If yes, provide the following information for all equipment on a separate sheet – name of equipment, model and serial number, original acquisition cost.

Has any intellectual property been developed under this grant? Yes No
If yes, has it been reported to Innovation Gateway? Yes No
Will you need to use your IP at your new institution? Yes No

Have all technical reports due by transfer date have been submitted to Sponsor? Yes No

Have all human subjects/animal protocols in your name been appropriately transferred or administratively closed? Yes No

Will you be transferring any research materials to the new institution? Yes No
If yes, have you submitted a request for MTA in RAMS-SPOT? Yes No

Will you be utilizing data created at VCU at your new institution? Yes No
If yes, have you submitted a request for DUA in RAMS-SPOT? Yes No

I agree with the information provided above and transfer of the grant as indicated is approved.

Principal Investigator

Date

Department Chair

Date

Dean

Date

University Authorized Official

Date

For additional information, see OVPRI Compliance Notice 20-004.

*First day at new institution
Grant # ___ of ___ Total Grants