

Award Transfer From Another Institution to VCU

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 VCU? 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
Has the IP been reported to your current institution? Yes No
Will you need to use the IP at VCU? Yes No
Who owns the IP? _____

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 VCU Yes No
If yes, have you submitted a request for MTA via RAMS-SPOT? Yes No
Will you be utilizing data created at your prior institution? Yes No
If yes, have you submitted a request for DUA via 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 20-003.

*First day at VCU

Grant # ___ of ___ Total Grants