

## GRANT TRANSFER BETWEEN INSTITUTIONS

For OSP/OIP Use Only OSP/OIP# _____ Reviewer _____ All required documentation received Yes___ No___ Copy to ORSP _____
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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: \_\_\_\_\_

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Will equipment purchased on this grant be transferred?	Yes	No
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If yes, provide the following information for all equipment on a separate sheet – name of equipment, model and serial number, original acquisition cost. Include the VCU Property Identification Number and Account used for purchase for items being transferred to another institution.

Has any intellectual property been developed under this grant?	Yes	No
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If yes, list intellectual property: \_\_\_\_\_

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All technical reports due by transfer date have been submitted.	Yes	No
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Attach copies of transmittal letters

Have all human subjects/animal protocols in your name been appropriately transferred or administratively closed?	Yes	No
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Attach copies of transfer or closure memos

For transfers to other institutions: Data agreement has been executed in accordance with Office of Research Policy on Research Data

(see <a href="http://www.research.vcu.edu/p_and_g/data.htm">http://www.research.vcu.edu/p_and_g/data.htm</a> ).	Yes	No
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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

\*First day at VCU if transferring in/first day at Non-VCU institution if transferring out  
Grant # \_\_\_ of \_\_\_ Total Grants