Research Administration 1801 N Broad St., Conwell, Suite 401 Philadelphia, PA 19142 Phone: 215-204-6875 Fax: 215-204-4609

REQUEST TO TRANSFER

Externally sponsored projects are awarded to Temple University and involve multiple resources across the institution. As a result, the university reviews each award when faculty/researchers choose to leave the institution to determine whether the award will transfer with the PI, remain at Temple, or close.

Faculty/Researchers should complete the transfer request form and email the completed form to Michael.Barone0004@temple.edu and the assigned Grants and Contracts Specialist in Research Administration. Once the form is approved, Research Administration will provide a checklist of activities that need to be completed prior to the individual's separation date.

PI/FACULTY NAME:		TU ID #	:			
SCHOOL/COLLEGE:						
SEPARATION DATE: NEW		NEW IN	INSTITUTION:			
PI Request			OVPR Determina	ation		
ERA # Grant #						
Close. Award will be relinquished as	— s of tran	sfer date	Close			
Transfer. Sub portion to Temple:	Yes	No	Transfer. Sub to Temple:	Yes	No	
Stay at Temple. Enter new PI:			Stay. Enter new PI:			
Sub to transfer Institution:	Yes	No	Sub to Institution:	Yes	No	
ERA # Grant #						
Close. Award will be relinquished as	s of tran	sfer date	Close			
Transfer. Sub portion to Temple:	Yes	No	Transfer. Sub to Temple:	Yes	No	
Stay at Temple. Enter new PI:			Stay. Enter new PI:			
Sub to transfer Institution:	Yes	No	Sub to Institution:	Yes	No	
ERA # Grant #						
Close. Award will be relinquished as	s of tran	sfer date	Close			
Transfer. Sub portion to Temple:	Yes	No	Transfer. Sub to Temple:	Yes	No	
Stay at Temple. Enter new PI:		· · · · · · · · · · · · · · · · · · ·	Stay. Enter new PI:			
Sub to transfer Institution:	Yes	No	Sub to Institution:	Yes	No	
ERA # Grant #						
Close. Award will be relinquished as	s of tran	sfer date	Close			
Transfer. Sub portion to Temple:	Yes	No	Transfer. Sub to Temple:	Yes	No	
Stay at Temple. Enter new PI:			Stay. Enter new PI:			
Sub to transfer Institution:	Yes	No	Sub to Institution:	Yes	No	
ERA # Grant #						
Close. Award will be relinquished as	s of tran	sfer date	Close			
Transfer. Sub portion to Temple:	Yes	No	Transfer. Sub to Temple:	Yes	No	
Stay at Temple. Enter new PI:			Stay. Enter new PI:			
Sub to transfer Institution:	Yes	No	Sub to Institution:	Yes	No	
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OVPR"						



TRANSFER AND EXIT CHECKLIST

PI/BA/Dean: For awards that are transferring or closing, please complete the PI Tasks required clearances. Completed forms should be emailed to the assigned Grants and Contracts Specialist in Research Administration.

1 1/1 / (00)	_TY NAME:	TU ID #:	
SEPARATION DATE:		NEW INSTITUTION:	
NEW EM	AIL:		
1. Principa	al Investigator Tasks		
		it the document with this form to Research Administration.	
Sponsor			
Final F	Reports (if applicable)		
	Patent/Invention Disclosure		
	Technical and/or Final Report(s)		
PHS	Agency relinquishing statement (if a	applicable)	
	PHS 3734 (Official Statement Relin	nquishing Interest and Rights in a PHS Research Grant)	
HHS 568 (Final Invention Statement and Certification)			
NSF			
		ant transfer are available electronically on the Fastlane	
ΛII O t k	(Website section entitled Principal I ner Funding Agencies	investigator (PI) Transfer)	
All Oli		hutbo access (and if required by the DI)	
	A signed letter of form as identified	by the agency (only if required by the PI)	
Administ	rative Contact at New Institution		
Contact	Name:	Contact Title:	
Contact	Email:	Institution IPF (For NIH Only):	
	1.01		
	onal Clearances ain the required clearances and signa		
		natures from each of the appropriate University officials.	
Research	Equipment/Computers/Inventory	natures from each of the appropriate University officials.	
I certif	y that all Temple University property,	including computers and research equipment, has been	
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I certif returne N/A Signat Office of I certif dispos	y that all Temple University property, ed or approved for transfer and all obtained and the cure, Associate Dean for Research or Environmental Health & Radiation	including computers and research equipment, has been bligations have been cleared.	
I certif returne N/A Signat Office of I certif dispos	y that all Temple University property, ed or approved for transfer and all objective. Associate Dean for Research or Environmental Health & Radiation y that I have completed the laboratory all of chemicals, radioactive and biological controls.	including computers and research equipment, has been sligations have been cleared. The Designee Date Safety	
I certif returno N/A Signat Office of I certif dispos radiati	y that all Temple University property, ed or approved for transfer and all objective. Associate Dean for Research or Environmental Health & Radiation y that I have completed the laboratory all of chemicals, radioactive and biological controls.	including computers and research equipment, has been sligations have been cleared. The Designee Date Safety	



TRANSFER AND EXIT CHECKLIST

PI/Business Administrator BA)/Dean: For awards that are transferring or closing, please complete the PI Tasks and obtain the required clearances and signatures from each of the appropriate University officials. Completed forms should be emailed to the assigned Grants and Contracts Specialist in Research Administration.

PI/FACULTY NAME:	TU ID #:			
SEPARATION DATE:	NEW INSTITUTION:			
NEW EMAIL:				
Office of Research Compliance				
I certify that all Temple University research projects involving human subjects, biosafety, objectivity in research, or animals have been cleared.				
N/A				
Signature, Office of Research Compliance		Date		
Office of Technology Commercialization and E	Rusiness Develonment			
I certify that all Temple University active/pending invention disclosures, patents or patent applications have been cleared.				
N/A				
Signature, Office of Tech Commercialization a	nd Business Development	Date		
Office of Research Administration: Post-Award Management				
I certify that all effort reports have been certified. The individual with first hand knowledge of my effort that can certify on my behalf following my separation date is:				
Signature, Research Administration Effort Coc	ordinator	Date		

3. Research Administration Approval

For all awards transferring to another institution, note the date the relinquishment statement was sent to the sponsor, the date the final report or invoice was sent to the sponsor, and the final balance.

		Relinquishment Statement	Final Report/Invoice	
		Date Submitted	Date Submitted	Total Balance
ERA #	Grant #			\$
ERA #	Grant #			\$
ERA#	Grant #			\$
ERA#	Grant #			\$
ERA#	Grant #			\$