**University of Colorado Colorado Springs**

**Office of Sponsored Programs and Research Integrity (OSPRI)**

**REQUEST FOR GRANT TRANSFER/RELEASE FROM THE UNIVERSITY OF COLORADO COLORADO SPRINGS**

**A. PRINCIPAL INVESTIGATOR/CO-PRINCIPAL INVESTIGATOR INFORMATION:**(attach additional pages, if necessary)

**Principal Investigator:**

**Name**:

**Phone**:

**Email**:

**Department**:

**Co-Principal Investigator:**

**Name**:

**Phone**:

**Email**:

**Department**:

**Co-Principal Investigator:**

**Name**:

**Phone**:

**Email**:

**Department**:

**B. PROJECT INFORMATION:**

**Sponsor**:

**Grant/Contract #:**

**Project Title**:

**C. REQUEST DETAILS**:

1. Describe why the transfer/release is being requested:
2. Describe why the transfer/release is necessary:
3. If there is a Co-PI, explain why the grant/contract is not being transferred to the Co-PI:
4. Was any equipment (including computers) purchased under the grant/contract?
   1. YES  NO If yes, list, including the purchase price:
   2. Is a request being made to transfer/release any equipment listed above?  YES  NO If yes, list:
5. Were any subawards issued by UCCS?  YES  NO If yes, to whom?
6. Cost Share or Match
   1. Was there cost sharing or match?  YES  NO
   2. If yes, has all commitments been met?  YES  NO
   3. If no, describe the status and provide documentation from the new institution that they agreed to accept all unfulfilled commitments:
7. Requested effective date of transfer:

**D. STATUS:**

1. Provide a brief description of the progress to date:
2. Description of work yet to be accomplished:
3. Provide description of the work that will be carried out on the project in the new organization:
4. Attach original budget (Including Justification)  Attached
5. Expected balance as of the effective date: $      (attach confirmation from sponsored programs accounting and/or your department administrator)
6. Attach budget showing the allocation of the remaining award funds for use in the new organization and a justification of how the funds will be expended:  Attached
7. Identify all expenses made at UCCS that have not cleared, such as travel, PO’s, salaries:       (attach confirmation from sponsored programs accounting and/or your department administrator)
8. Speedtype to cover costs not expensed to enable collection from the Sponsor and/or unallowable costs and/or over-expenditure:

**E. TRANSFER INSTITUTION:**

Name:

Contact Person:

Phone:

Email address:

**F. CERTIFICATIONS:**

**I certify the above information is correct:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PI signature Date

**I agree with the proposed request and recommend approval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-PI signature, if applicable Date

**I agree with the proposed request and recommend approval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-PI signature, if applicable Date

**I agree with the proposed request and recommend approval:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date

**I agree with the proposed request and recommend approval:**

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Dean/VC for Student Success/ VC for Administration

& Finance, as applicable Date

**I agree with the proposed request and recommend approval:**

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Center/Institute Director, if applicable Date

**CO-PI DEPT/DEAN SIGNATURES (if Co-PI is the Department Chair, Dean, VC or Center/Institute Director, supervisor signature is also required)**

**Co-PI Department/Dean Signatures: Co-PI Department/Dean Signatures:**

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Department. Chair (if different) Date Department. Chair (if different) Date

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Dean/VC for Student Success/VC for Administration Dean/VC for Student Success/VC for Administration

and Finance, as applicable Date and Finance, as applicable Date

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Center/Institute Director, if applicable Date Center/Institute Director, if applicable Date

**APPROVED**

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Associate Vice Chancellor for Research, or designee date