**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