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| Office of Sponsored Projects_Logo black_combined hrz [Converted]**INTERNAL RELINQUISHING MEMO**Obtaining internal UU approvals is the first step to formally relinquishing projects and transferring them to a new recipient organization. This memo template is provided to help PIs facilitate the transfer process and obtain the approvals required by OSP to initiate a formal transfer request. Federal grants and contracts are awarded to the UU, not directly to the PI. Thus, the UU will determine on a case-by-case basis whether it will retain, terminate, or relinquish the award of a departing PI. As the grantee institution, the UU must approve the relinquishing of the grant to the awarding agency and any related equipment to the PIs new institution. The awarding agency must also approve all award transfers from one institution to another. It is the responsibility of the departing PI to contact their Department Chair and administrator as soon as they know they will be leaving the U. Read more about the transfer process [here](https://osp.utah.edu/resources/forms/institutional-transfers.php).**Instructions:*** Only **one memo per award**
* **Depending on the sponsor and if there are plans to subaward back to the U, relinquishing the award is not always the best arrangement. Please discuss transfer plans with OSP as early as possible.**
1. After completion, obtain PI and Department Chair signature.
2. The PI/department ***will need*** to submit the request via eAward to terminate all projects and subawards under the award and formalize the approved internal approvals.
	1. Depending on the changes requested, use the “Award Modification Setup Request” Transaction and select all that apply:
		1. New Performance Period End Date
		2. New Budget End Date
		3. Budget Revision (Rebudget)
		4. Change of PI
		5. Other Changes
	2. If the transfer involves the termination of subawards or other changes to subawards, the PI/department will need to submit a separate transaction using the “Subaward Mod Setup Request”
	3. Attach the approved Memo in eAward as formal internal approval/justification for each transaction/request.
	4. OSP will process the changes that will be reflected in Peoplesoft/Management Reports.
3. Once the internal changes are made to the project, the PI/department will need to:
	1. Work closely with Grants and Contracts Accounting (GCA) to ensure submission of a final financial report (FFR).
	2. Work closely with Property Accounting and OSP on any transfer of equipment.
	3. **Speak with your OSP officer about the transfer process specific to this award.** OSP can help you understand how the process will work and what the roles of the PI, the University of Utah, and the new institution are.
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**RELINQUISHING MEMORANDUM**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chair, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Sponsored Projects Officer, Office of Sponsored Projects**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, PI, Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Relinquishing Request:** *(i.e. - I have accepted a position within the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at the institution listed below with an effective start date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. My effective end date at the University of Utah will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)*

The Authorized Official/Point of Contact at the new institution’s OSP counterpart is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| New Admin Contact: |  | Admin Title: |  |
| Admin Department: |  |
| New Institution:  |  |
| New Institution UEI: |  |
| Mailing Address |  |
| City: |  | State & Zip: |  |
| Email: |  |
| Telephone: |  |

**AWARD INFORMATION:**

I wish to transfer the following award to the institution listed above:

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsor: |  | Award No.: |  |
| Project Title: |  |
| DSS/Proposal ID No.: |  | Project No./s: |  |
| Total Budget: | $ | Cost Share Budget: | $ |
| Expenditures to Date: | $ |  |  |
| Are subawards involved: | [ ] YES [ ] NO | If YES, list Subaward No./s: |  |

Does this project involve cost-share? [ ] YES [ ] NO

If yes, please state if cost-share commitments have been met: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request that the project and any related subcontracts be terminated on the following date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *60-90 days prior to PI end date is recommended. Personnel appointed to this project should be transferred off the project by the requested end date.*

I estimate that $\_\_\_\_\_\_\_\_\_\_\_ will remain unexpended as of the requested termination date above. *This amount, or the revised actual amount remaining, will be relinquished to the sponsor for transfer to the new institution.* **The PI and the Department shall be diligent in monitoring expenses during this transition.**

Will any portion of this project need to be subcontracted back to UU by the new institution to fund graduate students completing degrees, or to cover work that will not be transferred? [ ] YES [ ] NO

I estimate that $\_\_\_\_\_\_\_\_\_\_ will be subcontracted back to the University of Utah, for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will any portion of this project remain at the UU? [ ] YES [ ] NO

I estimate that $\_\_\_\_\_\_\_\_\_\_\_ will remain at the University of Utah, for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If funds will remain at UU, please name the proposed substitute PI and administrative dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EQUIPMENT**

Will any equipment be transferred to the new institution? [ ] YES [ ] NO

If yes, please identify the items of equipment to be transferred that were purchased with funding from this award:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Tag No.** | **Serial No.**  | **Account No.**  | **Date Bought** |
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*For all equipment transfers, send a copy of this approved Memo to* *Robin Love* *in Property Accounting to discuss your circumstances and complete a* [*Retirement Transfer Form*](https://osp.utah.edu/resources/forms/transfer-equipment.php)

Will the PI be using these items of equipment in the further conduct of research at new institution: [ ] YES [ ] NO

Will the PI provide a copy of the list of equipment items to the appropriate office at new institution so property inventory will reflect the addition of these items: [ ] YES [ ] NO

**INVENTIONS**

Have any inventions been disclosed under this award, or does the award involve use of patented material or material made available to the UU under a Material Transfer Agreement (MTA/DTA): [ ] YES [ ] NO

*If yes, contact the office who negotiated and signed the agreement (generally either PIVOT or OSP)*

**COMPLIANCE**

Does the transferring project have any of the following items?

[ ] YES [ ] NO **Human Subjects Research** - *If yes, contact the IRB office to closeout the protocol.*

*If the transfer involves biological materials, research media, or the like, the PI should review the information on* [*Material Transfer Agreements*](https://osp.utah.edu/resources/agreement/cda.php) *and request arrangements.*

[ ] YES [ ] NO **Animal Research** - *If yes, please contact* *IACUC* *to discuss
 updating your protocol and arrange animal transfers*

[ ] YES [ ] NO **Biohazardous Material/Recombinant DNA** - *If yes, contact the Environmental Health and Safety for assistance with disposal/transfer of materials*

[ ] YES [ ] NO **Radioactive Materials** - *If yes, contact the Radiation Safety Office for assistance with disposal/transfer of materials*

**SPONSOR NOTIFICATION**

Has the PI notified the Program Officer (PO)/technical officer and grants officer/manager and discussed plans to transfer? [ ] YES [ ] NO

If yes, please provide any relevant details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ELIGIBILITY:**

Has the PI verified that the new institution is eligible for this award? [ ] YES [ ] NO

Has the PI verified that the new institution has the facilities and resources needed to carry out the work of the award? [ ] YES [ ] NO

*Depending on the sponsor, an acknowledgment of acceptance from the new institution may be required.*

**CONCURRENCE:**

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

Signature Date

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

Print Name of Principal Investigator

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

Signature Date

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

Print Name of Substitute Principal Investigator, if applicable

**APPROVALS:**

*With the signature of the Academic Department and project Administering Dept. Chairs (if different), The Departments acknowledge that they do not wish to nominate a substitute principal investigator for the full amount of the award and have no objection to the University of Utah relinquishing this award and approving the equipment disposal as proposed herein.* ***The Administering Department has confirmed that all necessary reporting has been or will be provided by the exiting PI before the award is relinquished and there will be no delinquent reporting issues.*** *The Administering Departments accepts full responsibility for any over-expenditures resulting from overestimating the balance of the grant to be relinquished.*

*With the signature of the Chair, The University acknowledges that it does not wish to nominate a substitute principal investigator for the full amount of the award and has no objection to the University of Utah relinquishing this award and approving the equipment disposal as proposed herein.*

**Required Disclosure:** Some sponsors, including the NIH, expect both the relinquishing and applicant organizations to disclose whether a Change of Recipient Organization is occurring within the context of an ongoing or recent investigation of misconduct of any kind, including but not limited to professional misconduct or research misconduct.

If the PI named above is involved (or has been involved) in an ongoing or recent investigation, please notify Todd Bjorklund, Associate Director at research-conduct@osp.utah.edu as part of the approval process.

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Signature Date

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

Print Name of Academic Department Chair