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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 PI’s 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 PI’s 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 UU. Read more about the transfer process [here](https://osp.utah.edu/resources/forms/institutional-transfers.php).**Instructions:*** Only **one memo per award** and related equipment should be used and each request should be submitted.
* An acknowledgement of acceptance from the new host institution should be attached. This should state that the new institution is willing to accept responsibility for the award (including equipment, where appropriate) and that the necessary infrastructure and supports are available at the new institution to allow timely completion of the project.
1. After completion, concurrence by the PI/s, and department level approvals have been obtained, please forward this Memo to the Sponsored Projects Officer who administered this project
2. OSP will review and address any questions or concerns with the PI/department
3. Once OSP provides signature endorsement, OSP will route to the VPR office for review and consideration
4. If approved, OSP will return the Memo to the PI/department
5. The PI/department ***will need*** to submit the request via eAward to formalize the approved internal changes.
	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 any 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
6. Once the internal changes are made to the project and any subawards have been terminated, and to ensure a timely and accurate transfer, **the exiting PI will need to work closely with OSP to provide documentation and coordinate the formal transfer request to the sponsor**.
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**RELINQUISHING MEMORANDUM**

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

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

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

**Erin Rothwell, Interim Vice President for Research**

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

**Reason for Request for Relinquishment:** *(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:  |  |
| 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 contact the Partners for Innovation, Ventures, Outreach & Technology (*[*PIVOT*](https://pivotcenter.utah.edu/)*) Office’s Material Transfer Agreements and request that he or she coordinate these arrangements directly with PIVOT.*

[ ] 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 discussed/notified the funding agency of the intended transfer? [ ] YES [ ] NO

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

**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 has no objection to the University of Utah relinquishing this award and approves 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.*

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

Signature Date

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

Print Name of Academic Department Chair

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

Signature Date

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

Print Name of Administering Department Chair, if different from above

*With the signature of OSP, we verify that the request is complete and endorse the relinquishing plan as proposed herein. Information helpful to the VPR’s determination shall be detailed here or included in the request for signature. Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

Signature Date

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

Print Name of Sponsored Projects Officer

*With the signature of the VP of Research, 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 approves the equipment disposal as proposed herein.*

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

Signature Date

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

Print Name of Vice President for Research