 SPONSORED PROGRAMS

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| **RELINQUISHING MEMO**This template provides Departments, Colleges, and PIs with guidance for documenting a memo indicating that USU has no objection to the relinquishment of a grant or contract award and obtaining the approvals required by USU to process a transfer request. **Instructions:*** Only one memo per award and related equipment should be used and each request should be submitted on Department or College letterhead.
* A letter of acceptance from the new host institution should be attached. This letter 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.
* If the transfer involves lab animals, please contact Aaron Olsen in the IACUC to discuss updating your protocol.
* If your project requires IRB approval, please contact Nicole Vouvalis in the IRB to discuss updating your protocol.
* If the transfer involves biological materials, research media, or the like, please direct the PI to Technology Transfer Services (TTS) to discuss Material Transfer Agreements and request that he or she coordinate these arrangements directly with TTS.
* If the transfer involves equipment, send a copy to Deb Megill in Equipment Management to discuss your circumstances.

After approvals have been obtained, please forward the Relinquishing Memo to your Sponsored Programs’ (SPO) [Grant & Contract Officer](https://research.usu.edu/spo/admin-assignments). Upon receipt, SPO will verify that the sponsor permits the transfer, and once verified, a Kuali award modification will be sent to Sponsored Programs Accounting (SPA) to revise the project end dates and award amount, using this memo as justification. SPO will then process the request and work with the department and PI to ensure a timely and accurate transfer to the new host institution. |

**RELINQUISHING MEMORANDUM**

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

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

 **\_\_\_\_\_\_\_\_\_\_\_\_Dean, College of \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sponsored Programs Office**

**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 Utah State University will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. )

The Authorized Official at the new institution’s SPO counterpart is as follows:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Award:**

I wish to transfer the following award to my new institution:

Sponsor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Award No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

USU Award No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposal No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Budget:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expenditures to Date:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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).

I estimate that approximately $\_\_\_\_\_\_\_\_\_\_\_ 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. I understand that I will need to confirm the unexpended amount with SPA before SPO is able to finalize the transfer the sponsor and the new institution.

The PI and the Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be diligent in monitoring expenses during this transition.

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

If funds will remain at Utah State University, please name the proposed substitute PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Equipment:**

Additionally, I would like to take with me the items of equipment that were purchased with funding from this award listed as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Tag No.** | **Serial No.**  | **Account No.**  | **Date Bought** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I will be using these items of equipment in the further conduct of my research at my new institution. I will provide a copy of the list of equipment items to the appropriate office at my new institution in order that their property inventory will reflect the addition of these items.

**Concurrence:**

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

Signature Date

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

Print Name of Principal Investigator

*With the signature of the Department Head and College Dean (if different), The Department Head and College Dean acknowledge that they do not wish to nominate a substitute principal investigator for this grant and have no objection to USU relinquishing this grant and approves the equipment disposal as proposed herein. The Department Head and College Dean accept full responsibility for any over-expenditures resulting from overestimating the balance of the grant to be relinquished.*

Department Head

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

Signature Date

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

Print Name of Department Head

College Dean

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

Signature Date

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

Print Name of College Dean

*With the signature from the Sponsored Programs Office, USU acknowledges that it does not wish to nominate a substitute principal investigator for this grant and has no objection to USU relinquishing this grant and approves the equipment disposal as proposed herein.*

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

Signature Date

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

Grant and Contract Officer – Sponsored Programs