



## DEPARTMENTAL SPONSORED PROJECT TRANSFER FORM

### Project Information

Oracle Financial System Award Number:

Effective Date of Transfer:

Oracle Financial System Project Number:

Amount to be Transferred:

Direct Sponsor:

Project Title:

Administering Department Name:

### Current Subcontracts

Enter the name of the subcontracting entities. If additional space is needed, attach an extra page.

### Terms for Project Transfer (Transferor)

I understand that once this project is transferred, all direct costs and any F&A return associated with it will no longer be credited to me or my department, and will instead be credited to the transferee PI and their department.

Principal Investigator Signature:

Principal Investigator Name:

Date Signed

Department Chair Signature:

Department Chair Name:

Date Signed

Dean Signature:

Dean Name:

Date Signed



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### Terms for Project Transfer (Transferee)

I agree and certify that as PI of this award/grant, I will abide by current university policies on cost sharing, conflict of interest, intellectual property, and the use of human subjects/vertebrate animals in research. I understand that upon award/grant transfer I will be responsible for compliance with the award terms and conditions and University policies and procedures; particularly for the technical conduct of the work, the supervision of any sub awardees, the submission of technical reports, regulatory compliance, and financial management.

Administering Department Name:

UDO:

Location:

Fund Type:

Business Line:

Activity:

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Principal Investigator Signature:

Principal Investigator Name:

Date Signed

Department Chair Signature:

Department Chair Name:

Date Signed

Dean Signature:

Dean Name:

Date Signed