Date:

To: M. Omar Faison, Director, Office of Sponsored Programs and Research

W. Weldon Hill, Provost, Virginia State University

From: *PI Name, Rank*

*Department*

I have accepted a position in the Department of *(insert department name at new institution)* at the institution listed below with an effective start date of *(insert start date at new institution)*. My effective end date at Virginia State University will be *(insert VSU end date)*.

The Authorized Organizational Representative for the new institution is:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | | | | | | | |
| Title | | |  | | | | | | | | |
| Institution | | | |  | | | | | | | |
| Mailing address | | | | |  | | | | | | |
|  | | | | | | | | | | | |
| City |  | | | | | State | |  | Zip | |  |
| Email | |  | | | | | Phone | | |  | |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sponsor |  | | | | |
| Project title |  | | | | |
| Award No. | |  | | VSU fund code |  |
| Total budget | | $ | Expenditures to date | | $ |

I request that the project and any related subcontracts be terminated on *(insert requested termination date; 60-90 days prior to PI end date is recommended)*. I estimate that $*(estimated unexpended balance)* will remain unexpended as of the termination date above. This amount, or the revised actual amount remaining, will be relinquished to the sponsor for transfer to the new institution.

Additionally, I would like to take with me the following items of equipment that were purchased with funding from this award. (Note: additional rows may be added to this table, if necessary).

|  |  |  |
| --- | --- | --- |
| **Item description** | **Serial number** | **VSU Tag Number** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I will be using the equipment listed above in furtherance of this project at my new institution. I will provide a copy of the list of equipment to the appropriate office at my new institution so that their property inventory will reflect the addition of these items.

Signatures

PI:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| PI Name |  | Signature |  | Date |

Department:

*With the signature of the Department Chair, the Department acknowledges that it does not wish to nominate a substitute principal investigator for this grant and has no objection to Virginia State University relinquishing this grant and approves the equipment transfer as proposed herein. The Department accepts full responsibility for any over-expenditures resulting from overestimating the balance of the grant to be relinquished.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Department Chair Name |  | Signature |  | Date |

Office of Sponsored Research and Programs:

*With the signature of the Director of OSRP, Virginia State University acknowledges that it does not wish to nominate a substitute principal investigator for this grant and has no objection to Virginia State University relinquishing this grant and approves the equipment transfer as proposed herein.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Director, OSRP Name |  | Signature |  | Date |