

# NIH Award Relinquishment

Principal Investigator (PI) Name: \_\_\_\_\_

PI Department: \_\_\_\_\_

Grant Award Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Name of New Institution: \_\_\_\_\_ UEI #: \_\_\_\_\_

Address (City & State): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

## EQUIPMENT

Does this award include Equipment costing \$5,000 or more? Yes No

If yes, please provide itemized list.

Equipment Costing \$5,000 or More Transferring with the Project (itemize)

<i>Name of Equipment</i>	<i>Cost (\$)</i>
_____	_____
_____	_____
_____	_____
_____	_____

## UNEXPENDED BALANCE - ESTIMATED

The unexpended balance of the termination date of \_\_\_\_\_ calculated on the basis of total amount awarded for the grant year\*, will be approximately

\$ \_\_\_\_\_ Direct Cost  
\$ \_\_\_\_\_ Indirect Cost  
\$ \_\_\_\_\_ Total Cost

*\*The total costs being relinquished must not exceed the costs for the current budget period for transfers of active awards. Any remaining unobligated balance will transfer once the Federal Financial Report (FFR) is submitted and approved.*

By signing this form, I attest that I have a desire to continue the research project at the new institution listed above.

\_\_\_\_\_  
*Principal Investigator Signature*

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

In view of the fact that we do not wish to nominate another principal investigator or continue the research project at this Institution, this is to signify our willingness to terminate this grant as of (\_\_\_\_\_) and to relinquish all claims to any unexpended and uncommitted funds remaining in the grant as of that date, as well as to all recommended future support of this project.

\_\_\_\_\_  
*Dept. Chair/Center Director/University Librarian Signature*

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