DukeMedicine

Office of Research Administration

Checklist for PI Transfer TO Duke

NEW (RECEIVING) PROJECT INFORMATION

Principal Investigator: _____	
Unique ID: _____	
Highest Degree: _____	**Department Contact:** _____
Funding Agency: _____	**Contact Phone:** _____
Grant # (Agency ID): _____	**Contact E-mail:** _____
eRA Commons Username: _____	
Academic Appointment Start Date: _____	

Please provide department verification of the appointment start date.

ORIGINAL (RELINQUISHING) INSTITUTION INFORMATION

Original Institution: _____	**Administrative Contact:** _____
Original Department: _____	**Contact Phone:** _____
Original Position Title: _____	**Contact E-mail:** _____

Date grant will be relinquished from Original (Relinquishing) Institution: _____

ORIGINAL (RELINQUISHING) INSTITUTION DOCUMENTATION

1. **Copy of initial proposal and award statement** ☐
2. **Copy of latest progress report** ☐
3. **Copy of Relinquishment letter or signed agency relinquishment form** ☐
4. **If original award had a cost-share agreement, provide in the comments below how that cost-share will be fulfilled at Duke.** ☐

PROTOCOL INFORMATION

Are Human Subjects Involved? Yes ☐ No ☐

If yes, **please contact the IRB office** to begin concordance approval of the scope of work with the human subject protocol.

Collect CITI human subject certifications for all personnel involved with human subjects. ☐

Are Vertebrate Animals Involved? Yes ☐ No ☐

If yes, **please contact the IACUC office** to begin concordance approval of the scope of work with the animal protocol.

Will biohazardous materials/recombinant DNA be involved? Yes ☐ No ☐

If yes, **please contact the IBC office** for assistance with transfer of material.

Comments: _____

_____

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SUBCONTRACT/SUBRECIPIENT/CONSORTIUM INFORMATION

Does this project involve subcontract (s)?   Yes ☐   No ☐

If yes, has the PI notified the subcontractor (s) of the transfer? Yes ☐   No ☐

Complete Subrecipient Form Page 1 for each subcontractor (s) after SPS creation ☐

Subcontract site (s): _____   Contact (s): _____

_____   _____

_____   _____

DUKE KEY PERSONNEL INFORMATION

1. Collect biographical sketches for all Duke Key personnel. ☐
2. Collect SPOC approved Other Support documents for all Duke Key personnel. ☐

MATERIAL TRANSFER INFORMATION

Will any material be provided from the original (relinquishing) institution? Yes ☐ No ☐
(e.g. samples, genetically modified mice) This includes any personal inventory of the PI as it will need to be accounted for in the transfer process. If yes, please complete an INCOMING Material Transfer Agreement Submission form to initiate the transfer process.

EQUIPMENT INFORMATION

Will equipment be transferred to Duke for this grant? Yes ☐ No ☐
If yes, please contact Plant Accounting for appropriate equipment record retention.

BUDGET INFORMATION

1. Complete detailed budget for the funds to be transferred utilizing appropriate Duke Fringe Benefit rates and F&A (indirect cost) rates. ☐
2. Request Pre-Award spending fund code with backstop via cost object request form. ☐

PROPOSAL INFORMATION

1. Submit new proposal via Sponsored Projects System (SPS). ☐
2. Include in Internal Documentation signed Duke Proposal Approval Form (DPAF). ☐
3. If transferring grant to Duke changes the scope of work, provide new scope of work and timeline. ☐
4. Complete new facilities and equipment describing Duke resources. ☐
5. Completion of Conflict of Interest Statement. ☐
6. Completion of Research Cost Compliance training for Duke Faculty. ☐
7. Additional materials as specified by agency guidelines. ☐

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FORM REQUIREMENTS SECTION

NIH FORMS

NEW (RECEIVING) INSTITUTION

A. For NIH Grant awards (EXCEPT Fellowship F Mechanism –SKIP TO SECTION B)

For instructions refer to link: http://grants.nih.gov/grants/funding/phs398/phs398.html

1. **Application face page (PHS Form 398)**
   i. **"CHANGE OF GRANTEE INFORMATION" typed in capital letters across the top of the page** ☐
   http://grants1.nih.gov/grants/funding/phs398/fp1.pdf
2. **Sponsor Statement (For K mechanism transfers)** ☐
3. **Progress Report** ☐
   http://grants.nih.gov/grants/funding/2590/2590.htm
   i. **Anniversary date transfer (cycle start date): provide a progress report for the current year, including a statement regarding the goals of the upcoming year**
   ii. **Mid-year transfer: provide an updated progress report including a statement regarding the goals of the remaining period of committed support**
4. **Resources Format page (PHS Form 398)** ☐
5. **Budget pages PHS Form 398) -current/future years** ☐
   i. **Modular grants: provide narrative budget justification, including total direct costs and F&A costs for the current budget period**
   http://grants.nih.gov/grants/funding/phs398/modbudget.pdf
   ii. **If the grant currently includes salary support for PI or any other transferring member of the project and continued salary support is not required at the new institution, a statement regarding the proposed rebudgeting of these funds is required.**
6. **Provide explanation if the unobligated balance and/or relinquished amount (including prior-year carryover) is greater than 25 percent of the current year's total budget.** ☐
7. **Statement concerning current research plan and an** ☐

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indication of whether the original plan has changed.

8. **Updated PHS 398 biographical sketches for key personnel** ☐
9. **Updated Other Support for key personnel** ☐
10. **PHS 398 Checklist Page** ☐
    - i. **Modular grants: information regarding the number of modules and the basis for computing F&A costs should be provided for future years on the checklist page.**
    - ii. **Check the box for Change of Sponsoring Institution under Type of Application and include the name of the former institution on the same line.**
11. **Approved concordant IRB/IACUC/IBC, if applicable** ☐
12. **Certification of Human Subjects Training (CITI), if IRB applicable, for all personnel involved in the design and conduct of human subject research.** ☐
13. **A list of equipment (which was purchased in whole or in part with grant funds and has an acquisition cost of $5,000 or more) to be transferred from the original grantee institution. Such a listing in the application represents acceptance of title to the transferred equipment.** ☐

B. **For NIH Fellowship (F mechanism) awards, utilize PHS 416-1 forms**
http://grants.nih.gov/grants/funding/416/phs416.htm

1. **Form Page 1: Face Page** ☐
2. **Form Page 2: Sponsor/Co-Sponsor Information** ☐
    - i. **If Sponsor/Co-Sponsor remains current as initially proposed, provide new contact information.**
    - ii. **If Sponsor/Co-Sponsor changes, refer to Section 5.8 of the PHS 416-1 instructions.**
    http://grants.nih.gov/grants/funding/416/phs416-1.pdf
3. **Form Page 3: Goals, Activities Planned, Training Site (s), Human Embryonic Stem Cells** ☐
    - i. **Items 18 and 19 are not required unless there are changes from original submission.**
    - ii. **Item 20 will require the new information**

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for the Project/Performance (Training) Site.

iii. **Item 21 will require completion of Human Embryonic Stem Cells, if applicable.**

4. **Form Page 4: Table of Contents** ☐

5. **Research Training Plan: Include the research training plan from the original application to provide the new sponsoring institution a record of what was peer reviewed and approved.** ☐

6. **Training Plan, Environment, Research Facilities Section 5.8.3 of the PHS 416-1 Instructions:** ☐
   http://grants.nih.gov/grants/funding/416/phs416-1.pdf

7. **PHS Checklist Page** ☐
   i. **Check the box for Change of Sponsoring Institution under Type of Application and include the name of the former institution on the same line.**

8. **Progress Report** ☐
   i. **Anniversary Date Transfer – Also include Form Page 2 and 3 from (PHS 416-9) of the Project Report for Continuation Support of Kirschstein-NRSA Individual Fellowships and a completed Targeted/Planned Enrollment Table Format Page or Inclusion Enrollment Report Format Page, if applicable.**
   http://grants.nih.gov/grants/funding/416-9/phs416-9.htm

9. **Approved concordant IRB/IACUC, if applicable** ☐

10. **Certification of Human Subjects Training (CITI), if IRB applicable, for all personnel involved in the design and conduct of human subject research** ☐

SIGNATURES DESIGNATING APPROVAL OF PROJECT TRANSFER:

Project's Owning Org*

PI: _____ Date _____

Business Manager*: _____ Date _____

Submit all materials to your assigned ORA Specialist