



Northern Illinois University

Sponsored Programs Administration

203 Lowden Hall
Northern Illinois University
DeKalb, IL 60115
Phone: 815.753.1581

**REQUEST FOR PI AWARD
TRANSFER/RELINQUISHMENT
(For NIU Internal Approvals Only)**

Principal Investigator Name and Email:	Date:
PI Department:	Grant Account#:
Award #:	Project Period Dates:

AWARD RELINQUISHMENT OR TRANSFER INFORMATION

(1a) Date PI will leave NIU:	<input type="checkbox"/> N/A	(1b) Date award will be relinquished at NIU:	
(2) Does this award involve the use of:	Human Subjects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Animal Subjects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Does this award involve cost-sharing?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Does this award involve subawards?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, has the PI/dept notified the subawardee(s) of the pending relinquishment/transfer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the subawardee(s):			
(5) Have any inventions been disclosed under the award, or does the award involve use of patented material or material made available to the University under a Material Transfer Agreement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Has the PI discussed/notified the funding agency (Grants Specialist or Program Officer) of the intended relinquishment or transfer? <i>If yes, please provide any relevant details in the Comments section below.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Have all required progress reports (quarterly/annual) been filed with the funding agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Estimated budget amount to be relinquished: <i>*Confirm amounts with your Grants and Contracts Associate</i>	Direct Costs: \$	Total Costs: \$	
	Indirect Costs: \$		

IF AWARD IS TRANSFERRING TO NEW INSTITUTION, PLEASE COMPLETE QUESTIONS BELOW.

(9) Will any portion of this project need to be subcontracted back to NIU by the new institution (e.g. to cover work that will not be transferred?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(10) Will any award-acquired equipment be transferred to the new institution? <i>If yes, please see NIU Transfer of Equipment policy and contact Property Control.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(11) Name and UEI of the new institution where the PI intends to transfer the award:		
(12) Name and contact information for SPA (Sponsored Programs Administration) contact at new institution: <i>(name, address, phone, email)</i>		

Comments:

SIGNATURES DESIGNATING APPROVAL FOR THE AWARD RELINQUISHMENT/TRANSFER:

PI:	Date:
Department Chair:	Date:
Dean:	Date:
Authorized Institutional Official:	Date:

Submit this completed form along with applicable agency-specific relinquishment/transfer form(s) to Sponsored Programs Administration (asosp@niu.edu) whenever an award is being relinquished or the Principal Investigator is transferring to another institution and planning to take an award from a federal or non-federal funding agency with them before the project end date of a grant, contract or cooperative agreement.

COMPLETED FORM DUE TO SPA AT LEAST 60 DAYS PRIOR TO RELINQUISHMENT/TRANSFER.

This form is for internal approvals only. Do not send form to sponsor.

Updated: June 2023