

## GRANT ADMINISTRATION: HOW DO I TRANSFER A GRANT OR AWARD TO ANOTHER INSTITUTION?

### Introduction

Grants are awarded to Principal Investigators (“PIs”) at authorized institutions by sponsoring agencies. The National Institutes of Health (“NIH”) is the only federal agency that has explicit forms and instructions for the transfer process. Authorization from the NIH awarding office must be obtained for federal grants to transfer from one institution to another. Other agencies should be contacted to determine what is necessary to implement the transfer.

The PI/Administrator may contact the receiving institution’s Administrator for assistance transferring the grant to their institution.

The Einstein PI notifies the Department Administrator (“Administrator”) of the pending transfer. The Administrator notifies Einstein Grant Accounting in writing with the exact transfer date and provides a detailed description of the item(s) being transferred from Einstein to the receiving institution:

- 1) Grant(s) and components (e.g., sub-contracts, cores, and projects of existing grants) that will be transferred and those that may remain;
- 2) Equipment to transfer; and/or
- 3) Personnel expected to transfer from Einstein

The **Principal Investigator (PI) - Transfer To/From Another Institution (“Transfer Form”)** (Figure 1), **Request for Transfer of Equipment** (Figure 2), and **Official Statement Relinquishing Interests and Rights in a Public Health Service Research Grant (“Relinquishing Statement”)** (Figure 6) must be completed for all transfers of grants or awards from Einstein to another institution.

### Forms

- 📄 Principal Investigator (PI) - Transfer To/From Another Institution (Figure 1)
- 📄 Request for Transfer of Equipment (Figure 2)
- 📄 Tracking the Processing of Pre- and Post Award Documents (Transmittal Form) (Figure 3)
- 📄 Final Invention Statement and Certification (Figure 4)
- 📄 Final Invention Statement and Certification Template (Figure 5)
- 📄 Official Statement Relinquishing Interests and Rights in a Public Health Service Research Grant (Figure 6)
- 📄 Financial Status Report (Figure 7)

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**NOTE:** Grant close-out procedures (see [Section 6.5](#), *How Do I Close Out An Expired Grant or Award*) utilize forms that are also applicable to grants or awards transferred to another institution (i.e., **Final Invention Statement and Certification**, **Financial Status Report**, and **Final Progress Report**).

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**Procedure**

To initiate the transfer of an existing grant to another institution, the Einstein Administrator notifies Grant Accounting with key information provided by the PI (i.e., date of the transfer, grant(s) or their components to be transferred, staff staying and staff who are leaving, equipment to be transferred, etc.).

1. The Einstein Administrator initiates a **Transfer Form** (Figure 1), which can be obtained from Grant Accounting or from the Finance website and completes the top half of the form.
2. The PI/Administrator lists the **Federal/Agency Number** ①, **Einstein Number** ②, and **Project Period/Relevant Dates** ③ for each grant or award, then completes the **Summary Status of Tasks to Complete ("Summary Status")** ④ section of the **Transfer Form** based on the **Legend of Tasks to Complete** ⑤ section by:
  - checking-off ( X ) the appropriate box(es) for a "Yes" answer for items listed in columns 1, 2, and 3 and
  - checking-off ( X ) the appropriate box(es) in columns 4, 5, and 6 for documents that are "Final" (completed) and have been received.

**NOTE:** Briefly describe each item being transferred (personnel or equipment), if necessary, in the **Comments/Plan/Disposition** ⑥ section. Enter the information in the **Further Comments/Plan/Disposition and/or Personnel/Equipment ("Further Comments")** ⑦ section if additional space is needed.

**GRANT ACCOUNTING DEPARTMENT (GA)**  
**PRINCIPAL INVESTIGATOR (PI) - TRANSFER TO/FROM ANOTHER INSTITUTION**

Date Prepared: \_\_\_\_\_

The following is a summary of grant activity related to your transfer. As you complete this form and identify the tasks necessary for your transfer, keep in mind that equipment and personnel involved with the transfer s/b identified. Personnel that stay s/b transferred to other projects, depending upon the each grant's close-out. Documentation (including 4, 5, 6) s/b completed as drafted, depending upon further action or timing. Final reports include: Progress Report by PI, Invention Statement by PI thru GA, Expense Report by GA, Involvement Statement by GA.

Please: (A) Attach completed or drafted documents, as per Legend #'s 4, 5, 6 (below). (B) Deliver to Grant Accounting with a transmittal cover page.

Principal Investigator Name: \_\_\_\_\_ Principal Investigator Signature: \_\_\_\_\_  
 Institution/Transfer From: \_\_\_\_\_ To: \_\_\_\_\_ Department Name: \_\_\_\_\_  
 PI Expected Transfer Date: \_\_\_\_\_ Administrator Name: \_\_\_\_\_  
 PI Number: \_\_\_\_\_

PI's Grants and Contracts:

① Federal/Agency Number	② Einstein Number	③ End of Project Period	③ Current Year's Dates		④ Summary Status of Tasks to Complete						⑥ Comments/Plan/Disposition	
			Original Expiration	Transfer Start	— Check if "Yes" —			Indicate if Final				
					1	2	3	4	5	6	OTH	
	9526											
	9526											
	9526											
	9526											
	9526											
	9526											
	9526											

⑦ Further Comments/Plan/Disposition and/or Personnel/Equipment, etc.

**Legend for Tasks to Complete**

1. Equipment to Transfer By Dept Admin-GA Form
2. Personnel To Transfer By Dept Admin-PSF
3. Personnel To Stay By Dept Admin-PSF
4. Final Invention Statement By PI/Dept-GA Guide
5. Final Progress Report - By PI
6. Accounting Statement By GA-Inv Form

Figure 1

**Complete columns 1-5 of the Summary Status ④ section of the Transfer Form, as follows:**

- **Column 1** – The Administrator lists equipment being transferred to the receiving institution in the **Comments/Plan/Disposition** ⑥ section and enters a check-mark ( X ) in the appropriate box(es) on the **Transfer Form**.

Obtain a **Request for Transfer of Equipment** form (Figure 2) from the Grant Accounting Property Manager, Room 1108 Belfer, complete it, and return it to the Grant Accounting Property Manager. The Property Manager obtains the necessary authorizations and returns a copy of the **Request for Transfer of Equipment** to the Administrator.

- **Column 2** – Identify personnel being transferred to the receiving institution in the **Comments/Plan/Disposition** ⑥ section of the form.
- **Column 3** – Prepare PSFs<sup>1</sup> via the University’s YESS system, if necessary, to reallocate Time & Effort/Payroll distribution for personnel who will remain at Einstein. Prepare termination or other PSFs, if necessary. [\[\[insert hyperlink to YESS\]\]](#)

Grants should be closed for the following entries (4 and 5):

- **Column 4** – The PI prepares a **Tracking the Processing of Pre- and Post Award Documents (“Transmittal Form”)** (Figure 3) and pairs it with a **Final Invention Statement and Certification (“Invention Statement”)** form (Figure 4) for each transfer.
- **Column 5** – The PI prepares a **Final Progress Report**, a 2-3 page summary of progress toward the achievement of the originally stated goals, a list of significant results (positive or negative), and a list of publications resulting from the grant and gives it to the Administrator. (See Procedure 6.5, “*How Do I Close Out An Expired Grant Or Award?*” for additional information regarding the **Final Progress Report**.)

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**NOTE:** Where applicable, the **Request for Transfer of Equipment**, **Invention Statement**, and **Final Progress Report** may be submitted directly to the NIH via eRA Commons<sup>2</sup>, according to the terms and conditions of the grant.

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3. The **Transfer Form** is submitted to Grant Accounting to complete column 6.
4. Grant Accounting prepares a NIH **Relinquishing Statement** (Figure 6) for each grant or award being transferred to the receiving institution, obtains authorizations from the appropriate persons, and returns the completed **Relinquishing Statement(s)** and **Transfer Form** to the Administrator.

<sup>1</sup> The Personnel Status Form (PSF) can be completed online via the YESS system.

<sup>2</sup> eRA Commons is an online system where research organizations and grantees, grantor agencies, and Federal staff at NIH can access and share administrative information relating to research grants.

5. Based on the completed **Relinquishing Statement(s)**, the Administrator completes the **Summary Status of Tasks to Complete ④ (“Summary Status”)** section of the **Transfer Form** for each grant or award by checking-off (X) the appropriate box for each item listed in columns 1, 2, and 3 for a **“Yes”** answer and indicating which documents are **“Final”** (completed) in columns 4, 5, and 6, based on the **Legend of Tasks to Complete ⑤**.

**Request for Transfer of Equipment**

ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY  
1300 MORRIS PARK AVENUE  
BRONX, NY 10461

REQUEST FOR TRANSFER OF EQUIPMENT

<b>TRANSFER INFORMATION</b>		<i>To Be Completed By Preparer</i>	
PREPARER: <i>Equipment can only be transferred after receipt of a copy of this form (from the Property Manager) with approval signatures (below).</i>			
NAME: _____		DEPARTMENT _____	
PRINCIPAL INVESTIGATOR _____		DEPARTMENT _____	
LOCATION OF EQUIPMENT: BUILDING _____	ROOM _____	INVENTORY (TAG) # _____	
DESCRIPTION OF EQUIPMENT: (Complete here or check box below and attach documents.)			
_____			
_____			
<input type="checkbox"/> See attached for more detailed description.			
ANTICIPATED DATE OF TRANSFER: _____			
EQUIPMENT TO BE TRANSFERRED TO:			
PRINCIPAL INVESTIGATOR _____		DEPARTMENT _____	
INSTITUTION _____			
ADDRESS _____			
<b>APPROVAL</b>		<i>Sign and date where indicated. Last approver should return to Property Manager.</i>	
INDICATION OF REVIEW AND APPROVAL:			
1. _____	DATE _____	3. _____	DATE _____
DEPARTMENT CHAIRMAN		ASST. DEAN FOR SCI. OPERATIONS	Initials
2. _____	DATE _____	4. _____	DATE _____
PROPERTY MANAGER		ASSOCIATE DEAN FOR FINANCE & ADMINISTRATION	
<b>RECEIPT FOR TRANSFER OF EQUIPMENT LISTED</b>		<i>To Be Completed By Receiving Institution</i>	
RECEIVER: <i>Complete bottom portion of this form, including signature, and return to Einstein, Grant Accounting Property Manager, 1300 Morris Park Avenue, Bronx, NY 10461</i>			
EQUIPMENT TRANSFERRED TO:			
INSTITUTION _____		PRINCIPAL INVESTIGATOR _____	
ACKNOWLEDGEMENT OF RECEIPT OF EQUIPMENT			
Signature indicates that the receiving institution accepts title and assumes accountability for the transferred equipment.			
SIGNATURE _____	DATE _____	TITLE _____	

Figure 2





**Final Invention Statement and Certification Template (Online at the eRA Commons Website)**

Form Approval Through 5/2005  
OMB No. 0925-0001

<b>Department of Health and Human Services</b> <b>Final Invention Statement and Certification</b> <small>(For Grant or Award)</small>	DHHS Grant or Award No. <span style="float: right;">②</span>
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A. We hereby certify that, to the best of our knowledge and belief, all inventions are listed below which were conceived and/or first actually reduced to practice during the course of work under the above-referenced DHHS grant or award for the period.

③ through ③  
original effective date                      date of termination

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B. Inventions (Note: If no inventions have been made under the grant or award, insert the word "NONE" under Title below.)

NAME OF INVENTOR	TITLE OF INVENTION	DATE REPORTED TO DHHS
	<div style="border: 1px solid red; padding: 2px; display: inline-block;">NONE</div> <span style="margin-left: 5px;">①</span>	

C. **Second Signature** - This block **must** be signed by an official authorized to sign on behalf of the institution.

Title Signing Official  Typed Name NESS, ROBERT  Signature <span style="float: right;">④</span> SO NESS, ROBERT Submitted Through the Commons	Name and Mailing Address of Institution ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY ALBERT EINSTEIN COLLEGE OF MEDICINE YESHIVA UNIV 1300 Morris Park Avenue BRONX, NY, 10461
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HHS 568 (Rev. 5/2001)

Figure 5

Figure 5 is an example of a **Final Invention Statement Template** (“**Invention Statement Template**”) where there were no inventions (as indicated by the Administrator having typed the word “**NONE**” ① in the first box under the column heading **Title of Invention**).

If there had been an invention, the **DHHS Grant or Award Number** must appear in the designated box ② on the form. The period covered by the **Invention Statement Template** is the project period ③ of the grant or award at a particular grantee institution, the **Name of the Inventor**, **Invention Title**, and **Date Reported to DHHS** fields are entered on the form. Each **Invention Statement Template** requires the signature ④ of an official authorized to sign on behalf of the institution (*currently Robert Ness*).

The original of the completed **Invention Statement Template** is returned to the grantor that funded the grant or award. Grant Accounting retains a copy for their records. The **Invention Statement Template** can be found on the eRA Commons website: (<https://commons.era.nih.gov/commons>).

**Relinquishing Statement**

Approved for use through 06/30/2012  
 OMB No. 0925-0001

Department of Health and Human Services, Public Health Service

**Official Statement Relinquishing Interests  
and Rights in a Public Health Service Research Grant**

*(Return original to awarding unit)*

The PHS estimates that it will take 30 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0001). **Do not return the completed form to this address.** \_\_\_\_\_ (date)

Name of Institution \_\_\_\_\_

Address (city and state) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Principal Investigator \_\_\_\_\_ on Public  
 Health Service grant number \_\_\_\_\_, will resign  
 position at this Institution on or about \_\_\_\_\_ (date)  
 and has expressed a desire to continue his/her research project at the

\_\_\_\_\_

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 \_\_\_\_\_ (date) 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.

Equipment Costing \$5,000 or More Transferring with the Project <i>(itemize)</i>	Unexpended Balance—Estimated
1. _____	The unexpended balance on termination date of _____ calculated on basis of total amount awarded for the grant year, will be approximately  \$ _____ direct cost \$ _____ indirect cost.
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
<i>Use separate page for additional items.</i>	
That portion of the estimated unexpended balance which has been received will be returned to the Public Health Service, upon request, with a final adjustment, if required, to be made after the grant account has been audited.	
Financial Officer	Official Authorized to Sign Application
Signature _____	Signature _____
Name and Title <i>(print or type)</i> _____	Name and Title <i>(print or type)</i> _____

PHS 3734 (Rev. 05/09)

Figure 6

Grant Accounting obtains authorizations from the Einstein Financial Officer and authorized Official and returns the completed original **Relinquishing Statement(s)** (Figure 6) to the Administrator.

The Einstein Administrator forwards a copy of the **Relinquishing Statement(s)** to the Department Administrator of the receiving institution. The original is submitted to the grantor (e.g., NIH), as noted on the form.



**Financial Status Report**

<b>FINANCIAL STATUS REPORT</b> <i>(Long Form)</i> <i>(Follow instructions on the back)</i>				
1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. <b>0348-0039</b>	Page	of pages
3. Recipient Organization (Name and complete address, including ZIP code)				
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	
		To: (Month, Day, Year)		
10. Transactions:				
		I Previously Reported	II This Period	III Cumulative
a. Total outlays				
b. Refunds, rebates, etc.				
c. Program income used in accordance with the deduction alternative				
d. Net outlays (Line a, less the sum of lines b and c)				
<b>Recipient's share of net outlays, consisting of:</b>				
e. SBDC Network In-Kind Match				
f. SBDC Network Waived Indirect costs				
g. Program income used in accordance with the matching or cost sharing alternative				
h. All SBDC Network Cash Match				
i. Total recipient share of net outlays (Sum of lines e, f, g and h)				
j. Federal share of net outlays (line d less line i)				
k. Total unliquidated obligations				
l. Recipient's share of unliquidated obligations				
m. Federal share of unliquidated obligations				
n. Total federal share (sum of lines j and m)				
o. Total federal funds authorized for this funding period				
p. Unobligated balance of federal funds (Line o minus line n)				
<b>q. Program Income: See Attached BBA Form 2113.</b>				
11. Indirect Expense				
a. See Attached SBDC Network Schedule of All Indirect Costs.				
b. Rate		c. Base	d. Total Amount	e. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
13. Certification: <b>I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.</b>				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	
<small>Previous Edition Usable NSN 7540-01-012-4285 This form was electronically prepared by Ellis Federal Forms, Inc.</small>				
<small>Standard Form 259 (REV 9-98) Prescribed by OMB Circulars A-102 and A-110</small>				

Figure 7

The NIH requires Grant Accounting to prepare and submit a **Financial Status Report** (Figure 7), within 90 days of the closeout of the grant. (Other grantor agencies may have different submission time requirements.)

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**Note:** Contact Grant Accounting for guidance regarding existing applications and/or grants being transferred from Einstein to another institution. For additional assistance, contact the Notice of Award's NIH Program Official or review the NIH Grants Policy Statement at [http://grants.nih.gov/grants/policy/nihgps\\_2003/index.htm](http://grants.nih.gov/grants/policy/nihgps_2003/index.htm).

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