

# University of Rochester

## Statement Relinquishing Interests and Rights in a Sponsored Project

Principal Investigator \_\_\_\_\_ Department/Center \_\_\_\_\_

Grant Number \_\_\_\_\_ UR GR FAO GR AWD # \_\_\_\_\_

Principal Investigator will resign his position at the University of Rochester on or about \_\_\_\_\_ (Date)

and has expressed a desire to continue his/her research project at:

\_\_\_\_\_ (New Institution) \_\_\_\_\_ (UEI number)

\_\_\_\_\_ (Email of appropriate contact person at New Institution)

In view of the fact that the University of Rochester does not wish to nominate another principal investigator or continue the research project at this Institution, this document signifies 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.

<b>**Equipment Costing \$1,000 or More Transferring with the Project. Please itemize.</b>			<b>Unexpended Balance*</b>
	Equipment	UR Property Control Tag #	The unexpended balance on termination date of _____ (date) calculated on basis of total amount awarded for the grant year, will be approximately:  \$ _____ Direct Cost  \$ _____ F & A Cost  \$ _____ Total
1.			
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 NIH, with a final adjustment, if required, to be made if the grant account is audited.

### Required Signatures

<b>Principal Investigator</b> <i>*(Signature certifies unexpended balance)</i>		<b>Date</b>
<b>Dept Chair/Center Director</b>		<b>Date</b>
<b>Office of Research Acctg &amp; Costing Standards</b>		<b>Date</b>
<b>Office of Research &amp; Project Administration</b>		<b>Date</b>