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| **UMMS INCOMING PI – AWARD TRANSFER CHECKLIST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Investigator | | | | |  | | | eRA Commons ID: | | | | |  | | | | | | | | UMMS Start Date: | | | | | | | |  | | |
| Sponsoring Agency | | | |  | | | | | | Agency Award No. | | | | |  | | | | | | | | | |  | | | | | | |
| Will the Incoming PI have a joint appointment with the Veterans Administration? | | | | | | | | | | | | | | Yes | |  | | | | No | |  | | | | | | | | | |
| **UMMS Participation Agreement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In order to be activated as a Principal Investigator in PeopleSoft, the incoming PI must read and sign the [Participation Agreement](http://www.umassmed.edu/uploadedFiles/UMW%20Participation%20Agreement%20Packet.pdf) and then submit the original to the Office of Sponsored Programs for processing. Please contact OSP at 508-856-2119 if you have any questions about this requirement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Relinquishing Institution Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institution Name: | | |  | | | | | | | | Administrative Contact: | | | | | |  | | | | | | | | | | | | | | |
| Date Award will be relinquished: | | | | | |  | | | Contact Phone: | | |  | | | | | | E-mail | | | | |  | | | | | | | | |
| **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 cost-sharing, provide in the comments below how that cost-share will be fulfilled at UMMS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Compliance Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | **NO** | |
| Are Human Subjects Involved? If yes, contact the [IRB Office](http://www.umassmed.edu/ccts/irb/) to begin the protocol review and approval process. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| Are Vertebrate Animals involved? If yes, contact the [IACUC Office](http://inside.umassmed.edu/iacuc/) to begin protocol review and approval process. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| Does project involve biohazardous materials/recombinant DNA? If yes, contact the [IBC Office](http://inside.umassmed.edu/Biosafety/) for assistance. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| Does the project involve the use of radioactive materials? If yes, contact the [Radiation Safety Office](http://inside.umassmed.edu/radiation/index.aspx?linkidentifier=id&itemid=12758). | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| Does the project involve the use of rDNA or Biohazardout Materials? If yes, contact [Environmental Health & Safety](http://inside.umassmed.edu/ehs/Index.aspx?linkidentifier=id&itemid=10522). | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |
| All individuals meeting the UMMS FCOI policy definition of an Investigator are required to complete the Summary Disclosure of Financial Interests (SDFI) Form. The policy and forms are available on the [FCOI website](http://www.umassmed.edu/research/compliance/financial-conflict-of-interest/overview/). An affirmative disclosure will require institutional review and treatment before UMMS approves setting up the award. The Office of Sponsored Programs will confirm that the required FCOI training is current for all identified Investigators. Training must be current before the award can be approved for set up. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subaward/Subrecipient Information** | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | **NO** | |
| Will the incoming grant transfer require any subawards? If yes, identify below. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
| Subrecipient 1: | |  | | | | | Contact: | | | |  | | | | | | | | E-mail: | | | | |  | | | | | | | |
| Subrecipient 2: | |  | | | | | Contact: | | | |  | | | | | | | | E-mail: | | | | |  | | | | | | | |
| Subrecipient 3: | |  | | | | | Contact: | | | |  | | | | | | | | E-mail: | | | | |  | | | | | | | |
| **Material Transfer Information** | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | **NO** | |
| Will any material(s) be provided from the original institution? If yes, please contact the [Office of Technology Management](http://www.umassmed.edu/otm/index.aspx?linkidentifier=id&itemid=51192) to initiate the transfer of the materials. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
| **Equipment Information** | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | **NO** | |
| Will any equipment be transferred from the prior institution? If yes, contact [Asset Management](http://inside.umassmed.edu/financialservices/Divisions/Asset-Management/) for assistance. | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
| **Provisional Account Information** | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | **NO** | |
| Do you intend to request a provisional account for the incoming investigator? If yes, please use the [New Award Provisional Sponsored Account Request (NAPSAR) Form](http://www.umassmed.edu/globalassets/office-of-research/sponsored-programs/forms/revised-napsar-form-9-30-15.pdf) to establish a chartfield in PeopleSoft. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |