RELINQUISHMENT INSTRUCTIONS & FORM
Revised October 14, 2014

BACKGROUND
Note: This chapter provides NIH-specific instructions for relinquishment of a grant, but the DOM Relinquishment Form (see page 3) MUST be used for all DOM contracts or grants regardless of sponsor.

Contracts and grants are awarded to the University, not directly to the Principal Investigator. Therefore, the University will determine on a case-by-case basis whether to retain the contract or grant and assign a new PI, or relinquish it. The purpose of relinquishing the grant is so the departing PI can transfer the grant to his/her new institution. For Department of Medicine grants, the decision to retain or relinquish the grant is left to the discretion of the Chair of the Department of Medicine, Alan M. Fogelman, M.D.

An NIH Relinquishing Statement (PHS Form 3734) is an official statement relinquishing the University’s interests and rights in a research grant. If the relinquishment is approved by the Chair, UCLA is then required to submit a Relinquishing Statement to the NIH, so that the PI’s new institution may proceed with the Change of Grantee Organization application (PA-12-270).

The Relinquishing Statement MUST be reviewed, and submitted electronically through eRA Commons by a UCLA Signing Official (i.e. OCGA Analyst). Prior to submission of the Relinquishing Statement, your OCGA Analyst will require the completed DOM Relinquishment Form (see page 3), and confirmation from EFM of the unexpended balance.

It is the PIs responsibility to notify the NIH (e.g. NIH Program Official and Grants Manager) of the proposed move as soon as possible. Notification should happen at least 3 months prior to the date of transfer. Any notification after this time may cause delays which could adversely impact the research.

Sponsors generally require at least 90 days to process the transfer of an award from one institution to another. Some sponsors (including NIH) may not approve a transfer of an award within the last six months of a project period, although they may allow the original grantee to issue a subaward to the PI’s new institution to allow completion of the original project. Only in rare circumstances will the NIH transfer a grant in a No Cost Time Extension (NCTE), or with a small balance of funds remaining.

THE PROCEDURE

1. **PI** contacts NIH Program Officer and Grants Management Specialist to discuss potential transfer of grant to the new institution.

2. **PI** informs Division Chief, MSO and Fund Manager of intent to transfer grant to new institution.

3. **Fund Manager** submits a Close-Out Packet (COP) to **EFM** in order to confirm estimated total unexpended balance. Make sure to mark “Y” to early termination on the Checklist and submit the completed NIH Relinquishment Form PHS Form 3734 (without signature) as backup documentation with the COP. **Fund Manager** works with **EFM** to complete the Final Financial Report (FFR) within 90 days of termination date of the project.

4. **Fund Manager** completes the DOM Relinquishment Form (see last page) with estimated total unexpended balance from previous step, and obtains **PI** signature. **Fund Manager** sends form to Raellen Man (rman@mednet.ucla.edu) for Dr. Fogelman’s approval.
5. **Fund Manager** sends completed DOM Relinquishment Form to **OCGA Analyst**.

6. **EFM** provides **OCGA Analyst** with NIH Relinquishment Form & FFR.

7. **OCGA Analyst** submits Relinquishing Statement to NIH via the Commons.

8. Is termination date on anniversary date of grant? If so, **PI** must submit a Progress Report from UCLA. If not, the new institution will be required to submit the Progress Report at the end of the next budget period.

9. Are there any active subawards that need to be terminated? If so, **Fund Manager** works with **Purchasing** to terminate.

10. **PI** works with **New Institution** to complete a Change in Grantee Organization application (this step should be started in concurrence with the above steps).

11. **Fund Manager** works with **PI** and **OCGA Analyst** to submit the Final Invention Statement (FIS) (PHS Form 568) to the NIH. The link for the FIS in the Commons may not appear for weeks/months. The **Fund Manager** should have the **PI** fill out the hard copy FIS prior to leaving UCLA. **OCGA Analyst** verifies the data on the FIS with the Office of Intellectual Property (OIP).
DOM RELINQUISHMENT FORM

PI Name: ____________________________________  Division: __________________________________

Sponsor Name: ___________________________________________________________________

Sponsor Award Number: ______________________________  UCLA Fund Number: ____________

Project Period: ____________________ to ____________________

Date of Relinquishment: ___________________  Date PI will be leaving UCLA: _________________

New Institution Contact Information:

Name: _____________________________________________________________________

Email Address: ___________________________________ ___________________________

DUNS Number: _____________________________________ _________________________

Is a Progress Report Due at this time?     Yes.  No .

If so, has it been submitted to NIH?  Yes.  No.

Have all outstanding Effort Reports been certified by the PI (including PI’s lab staff)? Yes.      No.

Does the PI have any animals in the DLAM?  Yes.  No .

If so, what will happen to the animals at termination of the grant? _______________________

List any Equipment > $5,000 Purchased on the grant to be transferred to new institution:

1. __________________________ 2. __________________________ 3. __________________________

Will any portion of the transferring contract/grant be subcontracted back to UCLA by the new
institution?  Yes.        No.

If yes, please answer the following questions:

Who will be the UCLA subaward PI: _________________________________________

What is the estimated total cost of the UCLA subaward: $________________________

Anticipated Unexpended Balance to be Relinquished (Amounts may change once EFM has processed the COP):

$____________ Direct Cost

$____________ F&A Cost

$____________ Total Cost

PI Signature __________________________ Date ________________  Alan M. Fogelman, MD

Executive Chair