

**Research Office for Administration, Development & Support (ROADS)**

**Request to Transfer Funds to Co-Applicant**

To initiate a transfer to a Co-Applicant at an eligible institution, please complete the form below and submit a signed copy to your ROADS Senior Advisor (Leanna Fong or Christal Levy).

|  |
| --- |
| **Section 1** |
| **McMaster PI Name:** |   |
| **Department:** |   |
| **Email:** |   |
| **Telephone:** |   |
| **Faculty:** |   |
| **Project Title:** |   |
| **Granting Agency or Sponsor:** |   |
| **Grant Type:**(e.g. Standard Research, Discovery, Connection) |   |
| **McMaster Project/Account Number:** |   |
| **Total Amount Awarded:** |   |
| **Grant Period:** |   |

|  |
| --- |
| **Section 2** |
| **Name of Co-Applicant:** |   |
| **Co-Applicant Email:** |   |
| **Co-Applicant Telephone:** |   |
| **Co-Applicant Institution:** |   |
| **Co-Applicant’s Institutional Contact and their Contact Information:** (telephone, email, address, etc.) |   |
| **Sub-Grant Period:**If possible, sub-grant period should start on first day of the month and end on last day of the month |   |
| **Total Amount of Transfer:****Note: Transfers of only one year at a time are permitted. Please submit a new form for each new transfer year** |   |
| **Eligible Expenses:**If there are specific budget requirements (e.g., salary minimums/maximums) please attach further details and/or a budget | [ ]  Direct Costs of Research | [ ]  Salaries |
| [ ]  Benefits | [ ]  Travel |
| [ ]  Materials and Supplies | [ ]  Computer Expenses |
| [ ]  Other (please specify):       |
| **Certifications and Approvals:**Are certifications or approvals required?If yes, **specify types** and **attach** approval documents | [ ]  No [ ]  Yes If yes, specify types: |
| [ ]  Human Subjects | [ ]  License for Research in the Field |
| [ ]  Animal Subjects | [ ]  Controlled Goods/Technology |
| [ ]  Biohazards | [ ]  Other:       |
| [ ]  Health Physics |

|  |
| --- |
| **Section 3** |
| **Scope of Work for Co-Applicant:***Describe below (or in an attachment) the research to be completed by the co-applicant.*      |
| **Reporting Expectations:***Describe below (or in an attachment) the scientific/progress reporting expectations, dues dates, format, etc. that the sub-grantee is expected to provide for the McMaster lead researcher.*      |

*I herby request and authorize McMaster University to enter into a sub-grant or inter-institutional agreement to facilitate the transfer of funds to a Co-Applicant. I understand that if I receive approval for the above-requested transfer of funds I will adhere to the appropriate Tri-Council & McMaster policies.*

**Signature of McMaster Principal Investigator**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Date**

**Signature of McMaster Research Accountant Confirming Availability of Funds**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name Date**