

**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](mailto:fongl@mcmaster.ca) or [Christal Levy](mailto:clevy@mcmaster.ca)).

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| **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:** |  |

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| **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 |

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| **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**

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**Name Date**

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

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**Name Date**