



**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.

SECTION 1	
McMaster PI Name:	
Faculty/Department:	
Email:	
Telephone:	
Project Title:	
Granting Agency or Sponsor:	
Grant Type: (e.g. Insight, Partnership, Connection)	
McMaster Project/Account Number:	
Total Amount Awarded:	
Grant Period:	Start: _____ End: _____

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	Start: _____ End: _____
Total Amount of Transfer: a) If the sub-grant period spans multiple years, please outline the budget: Note: The first payment will be processed by RF upon receipt of the fully executed transfer agreement. To request subsequent transfers (if applicable), PIs should send an email to resfin@mcmaster.ca , to request the transfer and confirm the amount.	Y1: Y2: Y3: Y4: Y5:
Eligible Expenses: If there are specific budget requirements (e.g., salary minimums/maximums) please attach further details and/or a budget	<input type="checkbox"/> Direct Costs of Research <input type="checkbox"/> Salaries <input type="checkbox"/> Benefits <input type="checkbox"/> Travel <input type="checkbox"/> Materials and Supplies <input type="checkbox"/> Computer Expenses <input type="checkbox"/> Other (please specify):
Certifications and Approvals: Are certifications or approvals required? If yes, specify types and attach approval documents.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: <input type="checkbox"/> Human Subjects <input type="checkbox"/> License for Research in the Field <input type="checkbox"/> Animal Subjects <input type="checkbox"/> Controlled Goods/Technology <input type="checkbox"/> Biohazards <input type="checkbox"/> Other: <input type="checkbox"/> 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 hereby 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 Sponsor & McMaster policies.

Signature of McMaster Principal Investigator

Name

Date

Signature of McMaster Research Accountant Confirming Availability of Funds

Name

Date