**CHANGE OF PRINCIPAL INVESTIGATOR APPLICATION**

Please complete this form to be signed by both the current and proposed Principal Investigators (PI), as well the appropriate institutional official a month prior to the proposed date of change. A **biosketch (NIH form is acceptable) of the proposed PI must be attached**. This change must be approved by the Cystic Fibrosis Foundation (CFF). Requested changes are not automatically approved.

**Award Information**

Project Title:

CFF Award Number:

Project Period:

Proposed Date of PI Change:

**Current Principal Investigator**

Name:

Current Address:

Email: Phone:

**Proposed New Principal Investigator**

Name:

Address:

Email: Phone:

**Authorized Institutional Official**

Name and Title:

Address:

Email: Phone:

TERMS AND CONDITIONS: We, the undersigned, certify that the statements herein are true and complete to the best of our knowledge and accept the CFF Terms and Conditions of Award. In addition, we, the undersigned, have discussed the remaining award balance and understand the requirements for its distribution as agreed upon by the institution and CFF.

Current Principal Investigator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Proposed Principal Investigator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Institutional Official signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Complete, sign, scan and email this form and the proposed Principal Investigator’s biosketch to grants@cff.org