**APPLICATION FOR TRANSFER OF INSTITUTION**

In the event that a Principal Investigator needs to transfer an award to a new institution, the PI and appropriate Institutional Officials must complete a transfer application one month prior to the proposed date of transfer. The Cystic Fibrosis Foundation (CFF) must approve award transfers in advance. Please note that awards are not automatically approved for transfer. Email this form to grants@cff.org.

**Award Information**

Project Title:

CFF Award Number:

Project Period:

Proposed Date of Transfer:

**Principal Investigator**

Name:

Current Address:

Email: Phone:

**Authorized Institutional Official (for original Awardee Institution)**

Name and Title:

Address:

Email: Phone:

**Projected award amount being transferred to new Institution: $**

\* Please note that a final financial report is due within 90 days of date of transfer. At this time, we are asking for an estimate of the funds that will be available for transfer. This estimate is based on the projected amount that will be available for the current award period only. For example, if an award has a project period of two years and is transferred within Year 1, the estimate would be based on the funds available from the date of transfer to the end of Year 1.

**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 Grants Management Terms and Conditions of Award.**

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Official (original institution): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Transfer of Institution – Page 2

**Principal Investigator**

Name:

New Address:

Email: Phone:

**Authorized Institutional Official (New Awardee Institution)**

Name and Title:

Address:

Email: Phone:

**Type of Organization**

 Individual

 Public Institution: State Local Other

 Private Institution Non-profit For profit

**Official to whom checks should be mailed after date of transfer:**

Name and Title:

Address:

Email: Phone:

**Payee as it should appear on all checks:**

Please note that a final financial report is due from the awardee’s original Awardee Institution within 90 days of date of transfer of the award. At the time of transfer approval, the CFF will issue a formal award letter to the new transfer institution, indicating an estimate of the funds that will be available for transfer. This estimate is based on the projected amount that will be available for the current award period only. For example, if an award has a project period of two years and is transferred within Year 1, the estimate would be based on the funds available from the date of transfer to the end of Year 1. A revised award letter will be issued to the new transfer institution upon receipt of the final report of expenditures from the original awardee institution. Upon completion of Year 1, the PI must submit a renewal progress application, at which time an award statement for Year 2 will be issued.

**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 Grants Management Terms and Conditions of Award.**

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institutional Official (transfer institution): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_