

Name of Faculty Member Departing CWRU:

Department:

Date of Departure:

Appendix A: Grants, Contracts and Agreements
SOM Office of Grants and Contracts (SOM OG&C)
Responsible Person: Robin Bissell, Assistant Dean
medres@case.edu and/or 216-368-4432

Faculty Departure Cover Page, the Checklist, Appendix A and applicable Appendixes (B, F, and J) are completed and signed by the Responsible Person(s), and returned to the Office of Grants and Contracts

Appendix A Process

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The following tabda and

*Appendix A Grants and Contracts
CWRU Faculty Departure Checklist
(Confidential and Proprietary)
Effective Date: 5/ 1/ 15*

Name of Faculty Member Departing CWRU:

Department:

Date of Departure:

Grant Status	CWRU Speedtype(s)	CWRU CON Number	Sponsor	Requested Action to be taken (i.e. transfer, change of PI)	Comments

The following information must be provided/completed by the Department for all Research Programs (RES/TRN/SPC/OSA) noted above.

Review the faculty member research portfolio, including their mentoring responsibilities and involvement as Key Personnel on other individual's research programs.

___ All reporting requirements (financial reports, final invention statements, final/interim progress reports) must be complete and filed, in accordance with the funding organization's guidelines/policies

Name of Faculty Member Departing CWRU:

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Final Invention Statement and Official Statement Relinquishing Interests documents must be completed and signed. The forms can be located on the NIH website:

<http://grants.nih.gov/grants/forms.htm>

Final Invention Statement (FIS) is completed by the PI/designated department representative. Once completed the form is sent to SOM OG&C (medres@case.edu) The Official Statement Relinquishing Interests is completed by the PI/designated department representative. Once completed, the form is sent to SOM OG&C (medres@case.edu) for their review along with the most current Income and Expense Statement. If the amount to be relinquished differs from the Income and Expense Statement, department should also include an analysis supporting the funds (direct and indirect) to be relinquished. SOM OG&C is the first level of approval, and Central ORA is the second. Both signatures are required. It is best to submit the Official Statement Relinquishing Interests as soon as possible.

The Official Statement Relinquishing Interests and the Final Invention Statement will be sent from the SOM OG&C to NIH via eRA Commons.

Please note the requested action (denoted in the table above) will not be taken on any research program, until the Office of Grants and Contracts receives a completed & signed packet including: the Faculty Departure Title page and checklist, Appendix A and applicable Appendixes (B, F and J).

Faculty Member Signature:

Date:

Department Administrator Name:

Date:

Department Administrator Signature:

Department Chair Name:

Date:

Department Chair Signature:

Please note: Upon completion by Office of Grant and Contracts Appendix A will be returned to the Department Administrator so that it may be included in the final submission of the entire faculty departure package.

*Appendix A Grants and Contracts
CWRU Faculty Departure Checklist
(Confidential and Proprietary)
Effective Date: 5/ 1/ 15*

Name of Faculty Member Departing CWRU:

Department:

Date of Departure:

For internal purposes only:

Date Received by Office of Grants and Contracts:

Office of Grants and Contracts:

Date:

Office of Finance and Planning:

Date: