

- 1. Original Grant Amount
- 2. Grant Amount Paid to Date by JSMF (including stock sale benefits)
- 3. Total estimated disbursements and unpaid obligations (less)
- 4. Estimated Unobligated Balance (equals)
(round down to the nearest hundreds of dollars)

ORIGINAL GRANTEE NAME AND ADDRESS: _____ P.I. DEPARTMENT OR SUBSIDIARY _____

ORIGINAL GRANTEE AUTHORIZED ORGANIZATIONAL REPRESENTATIVE:

 NAME/TITLE (TYPED) DATE

 SIGNATURE DATE

TRANSFER ORGANIZATION (NEW GRANTEE) NAME AND ADDRESS: P.I. DEPARTMENT OR SUBSIDIARY

Signature of this request by the authorized representative of the transfer organization (new grantee) and the principal investigator on this form constitutes agreement by that organization to assume responsibility for completion of the project effort and to administer the grant (as originally awarded) from the transfer date to completion in accordance with any special terms and conditions and the applicable general terms and conditions that normally govern JSMF awards made to the new grantee organization, and as noted below.

JSMF APPROVAL AND NOTIFICATION

JSMF OFFICER NAME/TITLE:

Susan M. Fitzpatrick Vice President, James S. McDonnell Foundation

SIGNATURE DATE

GRANTS MANAGER:

Cheryl A. Washington Grants Manager, James S. McDonnell Foundation

SIGNATURE DATE

New Grant No. _____
Approved Transfer Amount \$ _____

Date Payment Approved _____
P.I.(s) _____

In addition to any special grant conditions, the grant is also subject to the following general terms and conditions:

- Special Award Conditions Attached
- Other (Identify)

JSMF BOARD RESOLUTION #: _____ Approved: _____

James S. McDonnell Foundation Grant Payment Authorization Form

1034 South Brentwood Blvd., Suite 1850, St. Louis, Missouri 63117

JSMF Grant # _____

Please provide the following information for grant payments to be made in the form of cash (check). Complete all sections for ensuring there are no typographical errors. All fields must be completed or the form will not return properly to JSMF through the EchoSign process.

GRANTEE ORGANIZATION INSTRUCTION FOR CASH GRANT PAYMENTS

Note: The Grantee Contact named below will receive a mailed gift acknowledgement transmittal letter with the check, referencing award type, grant number, principal investigator and scheduled payment information from JSMF's financial agent when installments are paid.

Grantee Contact Name: _____

Grantee Contact Email: _____

Grantee Contact Phone: _____

Grantee Contact Title: _____

Payment by Check

Please provide appropriate instructions for preparation of the check by JSMF's financial agent.

Make Check Payable to: _____

Attention: _____

Address to mail check: _____

Authorization

Signature/ Authorized by: _____

Name/Title: _____

Grantee Institution Name: _____

Email Address: _____

Telephone Number: _____

CERTIFICATION PAGE

Certification for Principal Investigators and Co-Principal Investigators

I certify to the best of my knowledge that:

- (1) the statements herein (excluding scientific hypotheses and scientific opinions) are true and complete, and
- (2) the text and graphics herein as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the signatories or individuals working under their supervision. I agree to accept responsibility for the scientific conduct of the project and to provide the required annual progress reports if an award is made as a result of this application.

I understand that the willful provision of false information or concealing a material fact in this proposal or any other communication submitted to JSMF is a criminal offense (U.S.Code, Title 18, Section 1001).

P.I. NAME (TYPED)	DATE
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P.I. SIGNATURE

Co-P.I. or Collaborator

Co-P.I. or Collaborator

Co-P.I. or Collaborator

Certification for Authorized Representative of the Grantee Organization.
 By signing and submitting this proposal, the authorized official of the Grantee Organization is:
 (1) certifying that statements made herein are true and complete to the best of his/her knowledge; (2) agreeing to accept the obligation to comply with JSMF award terms and conditions if an award is made as a result of this application; and (3) agreeing to submit annual financial reporting for the duration of the grant term.

In addition, if the grantee organization employs more than fifty persons, the authorized official of the grantee organization is certifying that the institution has implemented a written and enforced conflict of interest policy that is consistent with the provisions of Grant Policy Manual Section 510; that to the best of his/her knowledge, all financial disclosures required by that conflict of interest policy have been made; and that all identified conflicts of interest will have been satisfactorily managed, reduced or eliminated prior to the institution's expenditure of any funds under the award, in accordance with the institution's conflict of interest policy. Conflicts which cannot be satisfactorily managed, reduced or eliminated must be disclosed to JSMF.

Certification for Contracts, Grants, Loans and Cooperative Agreements
 The undersigned certifies, to the best of his or her knowledge and belief, that the undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.

ORGANIZATION NAME

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE SIGNATURE

DATE

NAME/TITLE (TYPED)

TELEPHONE NUMBER

ELECTRONIC MAIL ADDRESS

FAX NUMBER

INSTRUCTIONS FOR USE OF JSMF GRANT TRANSFER REQUEST

When a Principal Investigator ("P.I.") plans to leave a grantee organization during the course of the administration of a grant, the original grantee organization must notify the JSMF Office. If the project is to continue with the original grantee organization, the grantee will advise JSMF that they are nominating a substitute P.I.. If the original grantee institution does not want to continue the project they can request that the grant be transferred to the principal investigator's new research institution, assuming the new institution is a qualified public charity. If the project is to be continued at the P.I.'s new organization, and if JSMF and both organizations agree, formal notification of the impending transfer countersigned by the Authorized Representatives of both the original and new grantee organizations must be made to the JSMF Office. The required certifications page must be signed by both the P.I.(s) and the Authorized Representative of the new grantee organization.

The completed transfer request must be accompanied by:

- a financial report detailing expenditures incurred as close to the "Transfer Date" as possible;
- a brief summary of progress to date;
- a description of work yet to be accomplished;
- a revised budget with planned expenditures for the amount to be transferred; and
- a completed change of address form for the P.I. and new organization's administrative officer (contact information including email addresses)

Signing of the request constitutes agreement by the new organization to assume responsibility for completion of the project effort and to administer the grant (as originally awarded) from the transfer date to completion in accordance with any special terms and conditions and the applicable general terms and conditions that normally govern JSMF awards made to the new organization.

Upon receipt of the above material, JSMF will review the request and, if approved, will forward the specified transfer amount from the original award once received from the relinquishing grantee and re-establish it under the same grant number suffixed with a "T" at the new organization. Signature of the JSMF Officer will constitute formal ratification of the grant transfer. At that time, the JSMF Grants Manager will also specify the applicable terms and conditions to govern the award, if any.

Equipment purchased with JSMF funds for use in a specific project should remain available for the P.I.'s use throughout the duration of the project. P.I.s who are in the midst of projects that included funding for equipment and who will continue the project at a new grantee organization with JSMF support should be able to arrange with their original organization to have the equipment transferred with them, subject to the agreement of the original grantee organization. Shipping costs for such equipment may be charged to the original or transferred grant as an allowable cost. Revised budgets should not include funds to purchase equipment that had been previously obtained with JSMF funds.

James S. McDonnell Foundation

Grant Transfer/Change of Address Form

Please completely fill out this form and fax it to: 314-721-7421

New/Changed Contact Information for Grantee Institution's Principal Investigator:

First Name	_____
Middle Initial	_____
Last Name	_____
New Title	_____
Organization	_____
Department or Subdivision	_____

Street Address	_____
Street Address (line 2)	_____
City	_____
State/Province	_____
Zip/Postal Code	_____
Country	_____
Work Phone	_____
Fax	_____
Email	_____
URL	_____

James S. McDonnell Foundation

Grant Transfer/Change of Address Form

Please completely fill out this form and fax it to: 314-721-7421

New/Changed Organization's Institution-Level Administrative Contact Information:

First Name	_____
Middle Initial	_____
Last Name	_____
New Title	_____
Organization	_____
Department or Subdivision	_____
Street Address	_____
Street Address (line 2)	_____
City	_____
State/Province	_____
Zip/Postal Code	_____
Country	_____
Work Phone	_____
Fax	_____
Email	_____
URL	_____
Project Title:	_____
Project Length:	_____
Number of Co-PIs:	_____
List the Name, Mailing Address, and Email of Co-PIs:	

