

JAMES S. McDONNELL FOUNDATION

Grant Transfer Request Form

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

Instructions for Use of JSMF 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 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 ([example](#)); and
- a completed change of address form for the P.I. and new organization's administrative officer (contact information including email addresses)

Please note: The original grantee must submit a final financial report on the JSMF website portal detailing expenditures incurred as close to the "Transfer Date" as possible. Unused funds revert to JSMF by mail or wire.

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.

Complete this form and email to Cheryl Chatman at chatman@jsmf.org. If you have any questions, you may contact her at (314) 721-1532 ext. 117

Original/Transferred Grant Number: _____

Award Program (Choose from drop-down menu):

Award Type (Choose from drop-down menu):

Grant Originally Scheduled to End: _____
Date

Transferred Grant Period (effective start date through new end date at transferee institution):
_____ Date

Does the proposed Transfer Affect the Following Items:

Reason for the requested transfer:

- | | | |
|---|-----------|----------|
| 1. Original Grant Amount: | | \$ _____ |
| 2. Grant Amount Paid to Date by JSMF: | | \$ _____ |
| List of Payments Received from JSMF: | Payment 1 | \$ _____ |
| | Payment 2 | \$ _____ |
| | Payment 3 | \$ _____ |
| | Payment 4 | \$ _____ |
| 3. Minus Expenditures Reported to JSMF by Year: | Year 1 | \$ _____ |
| | Year 2 | \$ _____ |
| | Year 3 | \$ _____ |
| | Year 4 | \$ _____ |
| 4. Expenditures Subtotal: | | \$ _____ |
| 5. Estimated Unpaid Obligation (round down to nearest 100's): | | \$ _____ |
| 6. Total Amount to be Transferred: | | \$ _____ |

Original Grantee Name and Address:

Street

City

State

ZIP Code

Transfer Organization (New Grantee):

P.I. Department or Subsidiary:

Original Grantee Authorized Representative:

Name/Title

Signature

Department:

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.

James S. McDonnell Foundation Transfer Agreement and Notification

JSMF Officer Name/Title:

Susan M. Fitzpatrick

Name

President, James S. McDonnell Foundation

Title

Signature

JSMF Grants Manager:

Cheryl A. Chatman

Name

Grants Manager, James S. McDonnell Foundation

Title

Signature

Transferred Grant Number:

Approved Transfer Amount:

\$

Date Approved:

Date

P.I.(s):

JAMES S. McDONNELL FOUNDATION

GRANT PAYMENT AUTHORIZATION FORM

JSMF Grant Number: _____

Please provide the following information for grant payments made in the form of cash (check). Complete all sections to ensure there are no typographical errors. All fields must be completed before emailing to JSMF's grant manager at: Chatman@jsmf.org.

GRANTEE ORGANIZATION INSTRUCTION FOR CASH GRANT PAYMENTS

Note: The Grantee Contact named below will receive a mailed gift acknowledgement letter transmitting the check with detailed reference to award type, grant number, principal investigator and scheduled payment information from JSMF when installments are paid.

Grantee Contact Name: Mr./Ms. _____

Contact Title: _____

Contact Mailing Address: _____

Contact Email: _____

Contact Phone: _____

AUTHORIZATION

Signature Authorization: _____

Typed Name/Title: _____

Email/Phone Number: _____

Grantee Institution Name: _____

Authorizer's Mailing Address: _____

PAYMENT BY CHECK

Please provide appropriate instructions for preparation of the JSMF check. Carefully proofread typed text to avoid misdirected postal deliveries.

Check Payable to: _____

Attention Mr./Ms.: _____

Check Mailing Address: _____

Note: if the check address or addressee name changes during the course of a multi-year payment schedule, it is the Grantee's responsibility to inform JSMF by completing a new payment form which can be found on our website: <https://www.jsmf.org/admin/> and submit via email to the JSMF-GM.

SAMPLE - JSMF TRANSFER REQUEST BUDGET

Chatman University
P.I.: Dr. P.L. Johnson, Lead Scientist
Requesting \$1.8M over three years

	Year 1	Year 2	Year 3	TOTAL ALL YEARS
	11/16-10/17	11/17-10/18	11/18-10/19	
PERSONNEL:				
John Doe (10%)	\$ 20,000.00	\$ 20,600.00	\$ 21,212.00	\$ 61,812.00
Jane Doe (15%)	\$ 25,000.00	\$ 25,750.00	\$ 26,523.00	\$ 77,273.00
Jeff Doe (20%)	\$ 15,000.00	\$ 15,450.00	\$ 15,914.00	\$ 46,364.00
Postdoctoral Fellow	\$ 40,000.00	\$ 41,200.00	\$ 42,436.00	\$ 123,636.00
Programmer	\$ 15,000.00	\$ 199,290.30	\$ 205,269.01	\$ 419,559.31
DIRECT COSTS:				
Equipment	\$ 95,000.00	\$ -	\$ -	\$ 95,000.00
Supplies	\$ 45,000.00	\$ 45,000.00	\$ 55,000.00	\$ 145,000.00
Travel	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 150,000.00
Pilot grants (2)		\$ 50,000.00	\$ 50,000.00	\$ 100,000.00
Meeting Expenses	\$ 13,900.00	\$ 16,892.00	\$ 16,892.00	\$ 47,684.00
COLLABORATIVE SUPPORT:				
Project Coordinator	\$ 48,000.00	\$ 49,440.00	\$ 50,923.00	\$ 148,363.00
TOTAL Chatman University	\$ 366,900.00	\$ 513,622.30	\$ 534,169.01	\$ 1,414,691.31
SUBCONTRACTS:				
XYZ University	\$ 60,000.00	\$ 60,000.00	\$ 60,000.00	\$ 180,000.00
QRS University	\$ 75,000.00	\$ 75,000.00	\$ 55,000.00	\$ 205,000.00
TOTAL Subcontracts	\$ 135,000.00	\$ 135,000.00	\$ 115,000.00	\$ 385,000.00
GRAND TOTAL:	\$ 501,900.00	\$ 648,622.30	\$ 649,169.01	\$ 1,799,691.31

Certification for Principal Investigators and Co-Principal Investigators

I certify to the best of my knowledge that:

- 1) The statements listed herein (excluding scientific hypotheses and scientific opinions) are true and complete, and
- 2) The text and graphics herein as well as accompanying publications or 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 progress reports if an award is transferred 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).

Grant Purpose: This grant may be used only for grantee's charitable and educational activities. The purpose of this _____ is:

Principal Investigator.:

Name

Signature

Street Address

City

State

ZIP Code

Email

Phone

Co-P.I. or Collaborators:

Name

Signature

Street Address

City

State

ZIP Code

Email

Phone

Certification for Authorized Representative of the New Grantee Organization

By signing and submitting this proposal, the authorized official of the New 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, and the grantee has adopted and operates pursuant to a racially nondiscriminatory policy as to students. 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.

Authorized Organization Representative:

Name

Title

Signature

Email Address

Phone Number

James S. McDonnell Foundation Grant Transfer/Change of Address Request Form

Changed Contact Information for P.I.:

Name

New Title

Organization

Department or Subdivision

Street Address

Street Address (Line 2)

City State ZIP Code

Country

Work Phone

Email Address

New Organization's Post-Award Administrative Contact Information:

Name

Department or Subdivision

Street Address

Street Address (Line 2)

City State ZIP Code

Country

Work Phone

Email Address