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| **INCOMING FACULTY – PROPOSAL & AWARD TRANSFER CHECKLIST**  This is a PILOT Project for 2023, please complete the checklist with incoming faculty and add to the relevant ePAWs or eCLAWS record. | | | | | | | | |
| **Principal Investigator** |  | **NU ID:** |  | | Start Date: | |  | |
| **NU Letter of Appointment** (please attach)  **NU e-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SciENcv URL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **eRA Commons ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **NSF Research.gov ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ORCiD ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | | |
| **Research & Sponsored Programs Resources**  **Please provide all of the following information for each resource being transferred to NU**  **Please add to the routed eCLAWS record.** | | | | | | **YES** | | **NO** |
| 1. Are you transferring capital equipment (defined as having an acquisition price of $5K or more) from your previous institution to Northeastern?   If yes, please provide any information you have on the equipment, such as if it is a loan, purchased on a grant, the model numbers, ECCNs, etc. If you have any documentation, please email that with this form. | | | | | |  | |  |
| 1. Are you transferring non-capital equipment from your previous institution to Northeastern, such as drones, GPS devices, or robots?   If yes, please provide any information you have on the equipment, such as model numbers, ECCNs, etc.   1. Are you transferring data sets into the university? If yes, are any of those data sets related to human subjects? If yes, please describe the data. Is the data de-identified, Personally Identifiable Information, Protected Health Information? If you have any documentation, please email that when you return this form. | | | | | |  | |  |
| 1. Do you have any patents or intellectual property developed at your previous institution? If yes please attach details such as the source of the IP, identification numbers, etc. | | | | | |  | |  |
| 1. Do you have any affiliate or joint appointments (i.e. NU Vancouver, cross-college appointments, or other external appointments, such as an ongoing appointment at your previous institution, even if honorary) | | | | | |  | |  |
| 1. Will you be transferring in any biological, chemical, or marine biological materials?   If yes, please provide any information you have on the materials, such as if it is in-kind support, purchased on a grant, etc. | | | | | |  | |  |
| 1. Will you be receiving any in-kind support in the form of un-funded materials, data or other opportunities? | | | | | |  | |  |

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| **Proposal or Awards being Transferred to NU**  **Please provide all of the following information for each active award being transferred to NU**  **If there are multiple awards, please complete the following section for each award and add to the relevant ePAWS record.** | | | | | | | | | | | |
| **Funding Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Project Period: Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Budget (attach)**  **For Proposals Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **For Awards: Amount of Unobligated Balance:**  **Place of Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Does the Project Fund Students (undergraduate or graduate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |
| **Relinquishing Institution Documentation** | | | | | | | | | | | |
| 1. | Copy of initial proposal and award statement | | | | | | | | | |  |
| 2. | Copy of latest progress report | | | | | | | | | |  |
| 3. | Copy of Relinquishment letter or signed agency relinquishment form | | | | | | | | | |  |
| 4. | If original award had cost-sharing, provide in the comments below how that cost-share will be fulfilled at by NU | | | | | | | | | |  |
| Comments: | | | | | | | | | | | |
| **Compliance Information** | | | | | | | **YES** | | | **NO** | |
| Are Human Subjects Involved? If yes, contact the [Office of Human Subject Research Protection](https://research.northeastern.edu/hsrp/about/) (IRB) to begin the protocol review and approval process. | | | | | | |  | | |  | |
| Are Vertebrate Animals involved? If yes, contact the [Animal Care and Use Committee](https://research.northeastern.edu/animalcare/nu-iacuc/) (IACUC) to begin protocol review and approval process. | | | | | | |  | | |  | |
| Does the project involve biohazardous materials/recombinant DNA or radioactive materials. If yes, contact the [BioSafety Office](https://oars.northeastern.edu/home/biological-safety/) for assistance. | | | | | | |  | | |  | |
| Does the project involve the use of rDNA or Biohazardous Materials? If yes, contact [Environmental Health & Safety](https://oars.northeastern.edu/home/biological-safety/). | | | | | | |  | | |  | |
| Does the project involve export-controlled research? | | | | | | | | | | | |  |
| **Subaward/Subrecipient Information** | | | | | | **YES** | | | | **NO** | |
| Will the incoming transfer require any subawards? If yes, identify below. | | | | | |  | | | |  | |
| Subrecipient 1: | |  | Contact: |  | E-mail: | | | |  | | |
| Subrecipient 2: | |  | Contact: |  | E-mail: | | | |  | | |
| Subrecipient 3: | |  | Contact: |  | E-mail: | | | |  | | |
| **Equipment Information** | | | | | | **YES** | | | | **NO** | |
| Has any equipment been purchased under this award? If yes, please list. | | | | | |  | | | |  | |
| **NU Account Information (if known)** | | | | | | **YES** | | | | **NO** | |
| Banner Account: | | | | | | | |  | |  | |