



ATTACHMENT A REQUEST TO TRANSFER FOUNDATION FUNDS

(Route form to the Virginia Tech Foundation for Approval)

FUND INFORMATION

Foundation Fund No. 8 Foundation Fund Name: _____

New (OSP will establish new OSP Foundation account) Supplemental Deposit to _____

BUDGET

_____	_____	112 Salary	_____
Begin Date	End Date	114 Wages	_____
Prior Funding	\$0.00	111 Fringe Benefits	_____
Amount to Transfer	\$0.00	120 Contractual Services	_____
Total Funding	\$0.00	128 Travel	_____
(Please complete itemized budget for transfer amount)		129 Supplies	_____
		140 Awards	_____
		220 Equipment	_____
		Total	\$0.00

PRINCIPAL INVESTIGATOR

 Name SSN Phone E-mail Address

 Address: Department / Center Dept / Ctr Org Code

PROJECT INFORMATION

OSP Fund Title: _____

Please briefly describe the general project area:

COMPLIANCE DATA

If any of the following categories are checked, additional clearances or approvals may be required prior to project initiation.

- Animal Use ACC# _____ Recombinant DNA/RNA Radioactive Materials Hazardous Waste
- Human Subjects IRB# _____ Good Lab Practices Hazardous Chemicals Biohazards

REQUIRED SIGNATURES

It is understood that all intellectual properties resulting from this transfer of funds are subject to University policies .

 Principal Investigator Department Head / Director Virginia Tech Foundation

OSP Use Only

Revised 9/30/02

Reviewed Entered Proposal No.

ATTACHMENT A. REQUEST TO TRANSFER FOUNDATION FUNDS

The **ATTACHMENT A** is an internal Virginia Tech / Foundation routing form used for transferring existing Virginia Tech Foundation funds to the Office of Sponsored Programs for University activities in support of research, instruction, public service, and extension. This form should not be used to make deposits.

BUDGET

The Office of Sponsored Programs requires that you identify the prior funding amount (cumulative) and the amount to transfer. Please indicate if the end date needs to be modified. For any transfer, OSP must receive an itemized budget detailing the proposed expenditures. Please note that the budget is for estimation purposes.

DONOR / SPONSOR

Donor / Sponsor: Please provide the name and address of the donor or sponsor. If a gift, please provide the federal identification number, whether or not this is a new donor, and any special instructions required.

PROJECT INFORMATION

Project Title: Provide the title of OSP fund (limited to 120 spaces). Briefly describe the general project area.

COMPLIANCE

Use of Animal Subjects: Approval must be obtained from the Animal Care Committee prior to the initiation of any research if the project involves either living or dead vertebrate animals. Forms and information can be found at www.acc.vt.edu.

Use of Human Subjects: If checked, a project plan and protocol must be submitted to the Institutional Review Board (IRB). The IRB must review and approve the proposal before research can commence. Forms and information can be found at www.irb.vt.edu.

Biohazards, Hazardous Waste, and Hazardous Chemicals, and Radioactive Materials compliance is coordinated by the Office of Environmental Health and Safety Services. Forms and information can be found at www.ehss.vt.edu/Text/homepage.htm.

Recombinant DNA/RNA: Please specify any recombinant DNA/RNA that will be used in this project. Answers to questions concerning DNA/RNA can be found at www.ehss.vt.edu/Programs/LSD/Biosafety/RecombinantDNAResearch.htm.

Good Lab Practices is coordinated by the College of Veterinary Medicine.

REQUIRED SIGNATURES

Required Signatures: All fund holders plus their respective department head(s) / director(s) are required to sign the form. By signing, all parties acknowledge that all intellectual property resulting from this transfer are subject to University policies.