**Request for Change of Principal Investigator (PI/PD)**

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| **Date:** | |  |
| **Current Principal Investigator’s Name:** | |  |
| **Co-Investigator Name(s):** | |  |
| **Current Unit (Department/Center):** | |  |
| **RAMSeS Proposal /Award Number:** | |  |
| **Proposal Title:** | |  |
| **Sponsoring Agency:** | |  |
| **Award Performance/Budget Period:** | |  |
| **Total Amount of Grant Award:** | |  |
| **Unobligated Award Balance:**  ***(Unobligated Award Balance must be confirmed by***  ***Contracts and Grants Accounting*)** | |  |
| **Banner Fund Account Number:** | |  |
| **Cost Sharing/Matching Amount and Account Number (if applicable):** | |  |
| **New Principal Investigator’s Name:** | |  |
| **New Unit(Department/Center):** | |  |
| **Effective Date of PI/PD Change:** | |  |
| **Please include CV for New Principal Investigator:** | |  |
|  | |  |
| **Reason/Justification for Change of Principal Investigator (PI/PD)**  **On Sponsored Project:** |  | | |

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| **Are Human Subjects Involved**: | **Yes**  **No** |
| Protocol #:  If Yes, please contact the IRB compliance officer (x1569) to ensure appropriate closeout of protocol. | |
| **Is any Intellectual Property (IP) involved**: **Yes  No**  If Yes, please contact the Office of Sponsored Research and Programs to work with acquiring license. | |
| **Is there a Conflict of Interest: Yes  No**  Does a conflict of interest exist between the new Principal Investigator (PI/PD) and the Sponsor?  If Yes, please contact the OSRP Compliance Officer (x1569). | |
| **Are Technical Reports Complete:** **Yes  No**  If No, please provide report narrative detailing the progress performance and use of grant funds to OSRP Post Awards Administrator (x2612). | |

**Request for Change of Principal Investigator (PI/PD) (Continued)**

**Approval by Originating PI Unit**

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| **I agree and certify that by relinquishing this award/grant, any and all F & A awarded as the result of the above grant will no longer be credited to me or my department but will be transferred to the accepting PI and their associated department.** | |
| Principal Investigator: |  |
|  | Signature Date |
| Supervisor / Chair: |  |
|  | Signature Date |
| Dean: |  |
|  | Signature Date |
| Provost: |  |
|  | Signature Date |

**Approval by New PI Unit**

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| **I agree and certify that by accepting the transfer of this award/grant, I will abide by current university policies on cost sharing, conflict of interest, intellectual property, and the use of human subjects/vertebrate animals in research. I accept responsibility upon award/grant transfer for compliance with the award terms and conditions and University policies and procedures; particularly for the technical conduct of the work, the supervision of any sub awardees, the submission of technical reports, regulatory compliance, and financial management.** | |
| Principal Investigator: |  |
|  | Signature Date |
| Supervisor / Chair: |  |
|  | Signature Date |
| Dean: |  |
|  | Signature (if changed from current school) Date |

The purpose of this form is to ensure compliance with federal, state, and local regulations on sponsored program activity. In most cases, the change of a Principal Investigator (PI/PD) requires the approval of FSU and the agency providing funding. Completion of this form DOES NOT indicate approval from the sponsoring agency. Please contact the Office of Sponsored Research and Programs to confirm sponsor approval of PI change.

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| cc: | Director of Sponsored Research and Programs |
|  | Director of Contracts and Grants Accounting |
|  | Provost and Vice Chancellor for Academic Affairs |
|  | Deans of all Departments |
|  | All Co-Investigators |
|  | Vice Chancellors (If Applicable) |