

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Public Health Service

**OFFICIAL STATEMENT RELINQUISHING INTERESTS AND RIGHTS  
 IN A PUBLIC HEALTH SERVICE RESEARCH GRANT**

*(Return Original to Awarding Unit)*

\_\_\_\_\_ (Date)

Name of Institution: \_\_\_\_\_

Address (City & State): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal Investigator \_\_\_\_\_ on Public Health Service grant number \_\_\_\_\_, will resign position at this Institution on or about \_\_\_\_\_ (date), and has expressed a desire to continue his research project at the \_\_\_\_\_.

In view of the fact that we do not wish to nominate another principal investigator to continue the research project at this Institution, this is to signify our willingness to terminate this grant as of \_\_\_\_\_ (date) and to relinquish all claims to any unexpended and uncommitted funds remaining in the grant as of that date, as well as to all recommended future support of this project.

EQUIPMENT COSTING \$1,000 OR MORE TRANSFERRING WITH THE PROJECT <i>(Itemize)</i>	UNEXPENDED BALANCE -- ESTIMATED
1.	The unexpended balance on termination date of _____ calculated on basis of total amount awarded for the grant year, will be approximately \$ _____ direct cost \$ _____ indirect cost
2.	
3.	
4.	
5.	
6.	
<i>Use separate page for additional items.</i>	

That portion of the estimated unexpended balance which has been received will be returned to the Public Health Service, upon request, with a final adjustment, if required, to be made after the grant account has been audited.

FINANCIAL OFFICER	OFFICIAL AUTHORIZED TO SIGN APPLICATION
SIGNATURE	SIGNATURE
NAME AND TITLE <i>(Print or type)</i>	NAME AND TITLE <i>(Print or type)</i>