

Instructions to complete OSP's Attachment A form – Request to Deposit Foundation Funds

The purpose of the Attachment A form is to transfer funds from Virginia Tech Foundation (VTF) to the Office of Sponsored Programs (OSP). Do not use the Attachment A form to make deposits to VTF. If the department needs to make a gift deposit to VTF in conjunction with transferring money to OSP, include a VTF deposit form in addition to the Attachment A form. The VTF deposit form can be found at their website (<http://www.vtf.vt.edu/content/resources/forms>). Send completed forms to VTF (mail code 0354).

VTF Section

Foundation Fund Number – The foundation fund that money is being transferred from

Foundation Fund Name – VTF fund title

OSP Section

Project Begin Date and End Date – Complete these fields when establishing a new fund. You may also use the end date field to extend an already existing fund.

Funding Type – Purpose of the deposit (see page two of the Attachment A form for definitions)

Prior Funding – Total amount of funding prior to this transaction

Amount to Transfer – Amount being transferred from VTF

Total Funding – Project's total funding since inception

Compliance Data

Select any categories that pertain to the OSP research grant and attach and forward approval letters to OSP

ATTACHMENT A
REQUEST TO DEPOSIT FOUNDATION FUNDS

COMPLETE THIS FORM TO TRANSFER FUNDS FROM VIRGINIA TECH FOUNDATION TO THE OFFICE OF SPONSORED PROGRAMS

VIRGINIA TECH FOUNDATION

Foundation Fund Number: \$ Establish New OSP Fund
 Supplement Deposit to OSP Fund Number

Foundation Fund Name:

OFFICE OF SPONSORED PROGRAMS

<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>				
Project Begin Date	Project End Date	112 Salary	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		114 Wages	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Funding Type:	<input type="checkbox"/> Research	111 Fringe Benefits	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	<input type="checkbox"/> Industrial Affiliate / IUCRC	120 Contractual Services	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	<input type="checkbox"/> General Administrative Services	128 Travel	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Prior Funding	<input style="width: 50px;" type="text"/>	130 Supplies	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Amount to Transfer	<input style="width: 50px;" type="text"/>	140 Awards	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Total Funding	<input style="width: 50px;" type="text"/>	190 Sub-contracts	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	\$0.00	220 Equipment	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		Total	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	\$0.00

DEPARTMENT INFORMATION

Department Fiscal Contact Phone E-mail Address

Principal Investigator Banner ID# Phone E-mail Address

Address: Department / Center / Mail Code 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.

<input type="checkbox"/> Animal Use IACUC# <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Recombinant DNA/RNA	<input type="checkbox"/> Radioactive Materials	<input type="checkbox"/> Hazardous Waste
<input type="checkbox"/> Human Subjects IRB# <input style="width: 50px;" type="text"/>	<input type="checkbox"/> Good Lab Practices	<input type="checkbox"/> Hazardous Chemicals	<input type="checkbox"/> Biohazards

REQUIRED SIGNATURES

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

<input style="width: 90%; border: none;" type="text"/>	<input style="width: 90%; border: none;" type="text"/>	<input style="width: 90%; border: none;" type="text"/>
Principal Investigator / Fiscal Manager	Department Head / Director	Virginia Tech Foundation
Date: <input style="width: 50px;" type="text"/>	Date: <input style="width: 50px;" type="text"/>	Date: <input style="width: 50px;" type="text"/>

MAIL COMPLETED FORM TO VIRGINIA TECH FOUNDATION (MAIL CODE 0354)

VTF Section

Transfer Options – Check either the box to request a new fund or the box to deposit money to an already existing fund.

OSP Section

Budget – Complete itemized budget for the amount being transferred.

Department Information

Department Fiscal Contact – The person who completed the form

Principal Investigator – Person in charge of the research grant

Dept Org Code – Department's six-digit organization#

Signatures

Principal Investigator / Fiscal Manager – The department's fiscal manager can now sign for the principal investigator.

If you have any question, please contact Mike Cutlip at mcutlip@vt.edu or call 540-231-9379.