**PROJECT TRANSFER FORM**

Please complete a Project Transfer Form for each project that is being transferred to Edinburgh Napier University.

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| Name: |  |
| New Post Title: |  |
| Date of Appointment: |  |
| School/Department: |  |

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| **Previous Institution** |
| Institution Name: |  |
| School/Department: |  |
| Address: |  |
| **Administrative Contact** |
| Name: |  |
| Email: |  |
| Telephone: |  |

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| **Project Information** |
| Title: |  |
| Start Date: |  |
| Date of Transfer: |  |
| End Date: |  |
| Remaining Budget:*Please include the original value of the project in brackets.* | £ |
| Funder(s):*If more than one, please include all funders and their contribution to the project.* | £ |  |
| £ |  |
| £ |  |
| £ |  |
| £ |  |
| £ |  |
| **Budget Breakdown** |
| Staff: |  |
| Travel & Subsistence: | £ |
| Consumables: | £ |
| Equipment: | £ |
| Other costs: | £ |
| Estates: | £ |
| Indirect costs: | £ |
| **Other Commitments***Please detail any commitments not covered by the funder.* |
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| **Project Information (continued)** |
| Will other staff be transferring as part of the project? | Yes/No |
| **Other Transferring Staff***If yes, please provide details of ENU staff.* |
| Staff Name: |  |
| Time spent: | Days – Hours/week – % FTE –  |
| Staff Name: |  |
| Time spent: | Days – Hours/week – % FTE –  |
| Staff Name: |  |
| Time spent: | Days – Hours/week – % FTE –  |

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| **Project Information (continued)** |
| Are you collaborating with another Institution as part of the project? | Yes/No |
| Has the collaborating Institution been notified of the grant transfer? | Yes/No |
| **Collaborating Institutions***If yes, please provide details of the collaborators.* |
| Staff Name: |  |
| Institution: |   |
| Remaining Budget: |  |
| **Administrative Contact** |
| Name: |  |
| Email: |  |
| Telephone: |  |