

**General Information**

Fill this section out completely for all requests. Complete relevant sections only and then attach to a completed Modification Request in SAGE.

|                                                                                                                                                       |  |                        |                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------|--------------------------------------------------------------------------|
| <b>Today's Date:</b>                                                                                                                                  |  | <b>Award Worktag #</b> |                                                                          |
| <b>Sponsor Award #</b>                                                                                                                                |  | <b>eGC1 #:</b>         |                                                                          |
| <b>Preparer Name:</b>                                                                                                                                 |  | <b>Preparer email:</b> |                                                                          |
| <b>PI Name:</b>                                                                                                                                       |  |                        |                                                                          |
| <b>Does this award have active subawards?</b> If "YES" dept. must coordinate requests to terminate subawards per the terms & conditions of the award. |  |                        | <b>YES:</b> <input type="checkbox"/> <b>NO:</b> <input type="checkbox"/> |

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**Early Termination Request**

Early termination is shortening the life of a project prior to completion. It does not apply to completed projects. Chair concurrence (required) may be included as an email submitted with this form or with Chair Signature below. Signature on behalf of Chair is acceptable if department policy allows. If UW award is in deficit, PI/department must work with GCA to clear the deficit per [GIM 2](#) & [UW deficit resolution policy](#).

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| <b>New end date /date early termination effective:</b>                                                                                                                                                                                                                          |                                                                          |
| <b>Have you received sponsor approval for early termination?</b> If "YES", include agreement modification or other sponsor communication with request to OSP                                                                                                                    | <b>YES:</b> <input type="checkbox"/> <b>NO:</b> <input type="checkbox"/> |
| <b>If you do not have sponsor approval, do you need OSP to submit a request to the sponsor?</b> If "YES," Include a <a href="#">concurrence letter</a> with this request. No concurrence letter required for early termination requests if submitted within the Sponsor system. | <b>YES:</b> <input type="checkbox"/> <b>NO:</b> <input type="checkbox"/> |
| <b>PI Signature:</b>                                                                                                                                                                                                                                                            |                                                                          |
| <b>PI Printed Name:</b>                                                                                                                                                                                                                                                         |                                                                          |
| <b>Chair Concurrence:</b>                                                                                                                                                                                                                                                       |                                                                          |
| <b>Printed Name:</b>                                                                                                                                                                                                                                                            |                                                                          |

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| Request for Relinquishment / Transfer                                                                                                                                                                                                                                                                         |                                                                                          |
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| For sponsors with system to request relinquishment/transfer, has this request been submitted to the sponsor? For sponsors without such a system, attach a <a href="#">concurrency letter</a> for OSP to submit to the sponsor along with this request.                                                        | YES: <input type="checkbox"/> NO: <input type="checkbox"/>                               |
| New end date / date relinquishment effective:                                                                                                                                                                                                                                                                 |                                                                                          |
| New Institution / Entity name & DUNS # if applicable:                                                                                                                                                                                                                                                         |                                                                                          |
| Contact email for authorized administrative official at new Institution (if applicable):                                                                                                                                                                                                                      |                                                                                          |
| <b>Remaining Award Balance Estimates</b><br>Questions about estimating unobligated balance? Contact GCA Help 206.616.9995, <a href="mailto:gcahelp@uw.edu">gcahelp@uw.edu</a>                                                                                                                                 |                                                                                          |
| Remaining Direct Cost Balance Estimate:                                                                                                                                                                                                                                                                       |                                                                                          |
| Remaining Indirect Cost Balance Estimate:                                                                                                                                                                                                                                                                     |                                                                                          |
| Total Estimated Award Balance Remaining:                                                                                                                                                                                                                                                                      |                                                                                          |
| Will Purchased Equipment remain at the UW?                                                                                                                                                                                                                                                                    | YES: <input type="checkbox"/> NO: <input type="checkbox"/> N/A: <input type="checkbox"/> |
| If Equipment is transferring, include descriptions & UW Tag #(s):                                                                                                                                                                                                                                             |                                                                                          |
| <b>Confirmation / Assurance:</b> By submitting this form, the undersigned accepts relinquishment of the funds.<br>Chair concurrence (required) may be included as an email submitted with this form or with Chair Signature below.<br>Signature on behalf of Chair is acceptable if department policy allows. |                                                                                          |
| PI Signature:                                                                                                                                                                                                                                                                                                 |                                                                                          |
| PI Printed Name:                                                                                                                                                                                                                                                                                              |                                                                                          |
| Chair Concurrence:                                                                                                                                                                                                                                                                                            |                                                                                          |
| Printed name:                                                                                                                                                                                                                                                                                                 |                                                                                          |