



RPC TRANSFER OF FUNDS FORM (DEPT MATCHING FUNDS AGREEMENT)

Dr. _____, Principal Investigator, is submitting a research proposal for review and possible funding, RPC # _____. This form documents that the appropriate department, research, and institute administration have been informed of this proposed project. **If this Principal Investigator is approved for RPC Funding, this form authorizes the required 50% matching funds to be drawn from the sponsoring department.**

Sponsoring Department Name: _____ Dept Lawson Number: ____

Treasury Fund Name: _____

Treasury Fund Number: T _____

Authorized Amount: \$ _____
(50% of RPC Award goes here)

Required Authorization Signatures (all are required):

_____ Research Administrator or Research Manager	_____ PRINTED NAME:	_____ EMPL #:	_____ Date
_____ Institute's Physician Lead for Research	_____ PRINTED NAME:	_____ EMPL #:	_____ Date
_____ Dept. Administrator Signature	_____ PRINTED NAME:	_____ EMPL #:	_____ Date
_____ Dept. Chairman Signature	_____ PRINTED NAME:	_____ EMPL #:	_____ Date
_____ Institute Chairman Signature	_____ PRINTED NAME:	_____ EMPL #:	_____ Date

This form must be printed, signed and provided at the time of protocol submission. Failure to provide this form, fully completed, constitutes an incomplete RPC application and will not be reviewed.

RETURN THIS COMPLETED FORM TO:
 Research Programs Committee (RPC) Office:
Scan and e-mail to: Jan Kearney (kearnej@ccf.org)
 OR
Fax to RPC Office, FAX 216-636-3329

Questions: (216) 444-2295