Natural Sciences and Engineering

Research Council of Canada

Social Sciences and Humanities Research Council of Canada

Instituts de recherche en santé du Canada

Conseil de recherches en sciences naturelles et en génie du Canada

Conseil de recherches en sciences humaines du Canada

### Protected B when completed

# **Outstanding Commitments form**

#### Information and instructions

Date of request

This form must be completed if you are changing the Administering Institution or terminating your grant. This form must be accompanied by a Statement of Account (Form 300). Consult the appropriate Agency Guide, on its Web site, for details on transfer and termination procedures.

Type of request

	Change of administering institution Termination of grant					
SECTION 1 – GRANT INFORMATION						
	•					
GRANT RECIPIENT INFORMATION						
Family name		Given name and initial(s)				
Email address		Telephone number				
Current administering institution		Agency	Agency application or grant reference number			
Current faculty	Current department		Current position title			
New administering institution (if applicable)  Effect			ffective date of departure or termination			
New faculty (if applicable)	New department (if applicable)		New position title (if applicable)			
REASON FOR THE TERMINATION (IF APPLICABLE)						
Outline the reason for the termination of the matters to be resolved, time and funds requon the grant.	e grant including a justi uired to do so and wha	fication for the requ t arrangement will I	uested phase-out period, a description on the be made for students and postdoctoral fellows			



# **SECTION 2 – OUTSTANDING COMMITMENTS DETAILS**

LIST OF OUTSTANDING COMMITMENTS						
Provide a detailed list of outstanding commitments (nature, amounts, dates) incurred up to the effective date of departure.						
CONTRACT INFORMATION I	FOR PARTICIPANTS PAID FRO	OM THE GRANT				
NSERC/SSHRC only: In cases of termination of the grant, please provide the contract information for participants paid from the grant (if not enough room, please attach a page)						
Participant name	Participant role	Start date of employment contract	End date of employment contract	Outstanding amount		
TOTAL COMMITMENTS						
TOTAL OUTSTANDING COMMITMENTS						

## **SECTION 3 – SIGNATURES**

All sections below must be signed by the grant recipient and the current and new administering institution representatives to be valid.					
GRANT RECIPIENT					
The grant recipient agrees to be responsible for the above commitments and authorizes the current administering institution to charge these outstanding commitments and any unforeseen legitimate costs to their account.					
Name of grant recipient	Signature of grant recipient				
CURRENT ADMINISTERING INSTITUTION					
Name of current Research Grants Officer	Signature of current Research Grants Officer				
Name of current Business Officer	Signature of current Business Officer				
NEW ADMINISTERING INSTITUTION (FOR TRANSFERS ONLY)					
Name of new Research Grants Officer	Signature of new Research Grants Officer				
Name of new Business Officer	Signature of new Business Officer				