



Canadian Institutes of Health Research

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

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. **This form must be provided even if there are no outstanding commitments for relocation purposes.**

Date of request	Type of request  <div style="display: flex; justify-content: space-around;"> <span>Change of administering institution</span> <span>Termination of grant</span> </div>
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### 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)		Effective date of departure or termination	
New faculty (if applicable)	New department (if applicable)		New position title (if applicable)

#### REASON FOR THE TERMINATION (IF APPLICABLE)

Reason for the termination
<p>Include a justification for the requested phase-out period, a description on the matters to be resolved, time and funds required to do so and what arrangement will be made for students and postdoctoral fellows on the grant.</p>

**SECTION 2 – OUTSTANDING COMMITMENTS DETAILS**

**LIST OF OUTSTANDING COMMITMENTS**

Phase out start date	Phase out end date
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Provide a detailed list of outstanding commitments (nature, amounts, dates) incurred up to the effective date of departure.

**CONTRACT INFORMATION FOR PARTICIPANTS PAID FROM 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