01 May 2024

Name

and Address of Trust

Dear **Enter name of Clinician / Divisional Research Manager etc..**

**Re: Transfer of funds to "[Name of Trust]” for the project entitled “[Insert Title]”**

**College reference [Insert P-Number]**

Imperial College of Science, Technology and Medicine (the “College”) has been awarded a [specify: contract/award], dated [Insert Date with format 1 January 2000], from [Insert Funder Name] (the “Funder”) for the above-named study (“Study”) led by [Insert PI Name eg Professor Jane Brown], an employee of Imperial College London.

A portion of the grant has been allocated to **"[Name of Trust]”** (the “Trust”) as follows:

*(Please specify the staff costs being transferred between Imperial and ICHT when the Trust Employee is working on the college project named below yet is being paid from the Trust.  Hence, no OID required, as no activity is being carried out in the Trust, therefore must be covered in this funding letter)*

|  |  |  |
| --- | --- | --- |
| **Summary Totals** | **Activity** | **Funder contribution 100% FEC** |
| Staff costs – 0.x FTE Staff Position | Eg Research Nurse | £ 00000.00 |
| **Total** |  | **£ 00000.00** |

The work will not be directly conducted for the Trust but for a staff employee of the Trust and will be managed and supervised by xxxxxxxxxxxxxxx. (Confirmed by DRM)

This sum shall cover the period from [Insert Date with format 1 January 2000] to [Insert Date with format 1 January 2000] (the “Term”). For the avoidance of doubt, the sum of £ 00000.00 represents the maximum amount due to the Trust for the Term and the Trust’s expenditure shall not exceed this amount.

Payments will be **quarterly in arrears against actual expenditure incurred** and shall be subject always to the College having received payment from the Funder.

The Trust shall submit invoices to [**apinvoices@imperial.ac.uk**](mailto:apinvoices@imperial.ac.uk) (or address below), quoting the sponsor’s account number [**Insert Project Code**] and purchase order number [**Insert PO Number** eg 1234567], which will be sent by [**Insert Name and Email of Dept Contact who will raise PO**].

Accounts Payable, Level 3, Sherfield Building, Imperial College of Science, Technology and Medicine, Exhibition Road, London, SW7 2AZ.

A final invoice must be received by the College within **TWO (2) months** of the end of the term of the project. **Invoices received after this date will not be paid by the College.**

All intellectual property and know-how generated during the Study (“Arising IP”) shall belong to College. The Trust shall have the right to use the outputs of the Study for teaching and research purposes to the extent that such use does not result in the disclosure or misuse of confidential information or the infringement of any intellectual property rights of the College.

Yours sincerely

[Insert Name]

Grants Manager

cc: [Insert Name(s), of PI and above-mentioned people as applicable]

[JRO Name]