

NATIONAL INSTITUTES OF HEALTH TRANSFER OF GOVERNMENT PROPERTY TITLE TO SBIR CONTRACTOR-AWARDEE				1. DOCUMENT NO. AND DATE		
Contractor-awardees must sign Item 6 and return all copies of this form to:		National Institutes of Health Attn: Research Contracts Property Administration Building _____ Room _____ 9000 Rockville Pike Bethesda, Maryland 20892		2. PAGE 1 OF _____ PAGES 3. PIN		
4. TRANSFERRED TO (Name and address of donee)				5. CONTRACT TRANSFERRED FROM		
				CONTRACT NO.		CUSTODIAL CODE
				AUTHORITY 15 USC 638		
				SIGNATURE OF CHIEF, RESEARCH CONTRACTS PROPERTY SEC.		
				SIGNATURE OF CHIEF, PERSONAL PROPERTY BRANCH		
6. APPLICATION AND CERTIFICATION OF CONTRACTOR-AWARDEE						
Request that title to the listed Government-owned property be transferred to this organization/institution. As a condition to transfer of title it is agreed that no charge will be made in the				future under any Government contract or grant for use, depreciation, or amortization of this property, and that it is intended to continue to use this property in research of interest to the Government.		
SIGNATURE OF AUTHORIZED OFFICIAL			TITLE		DATE	
7. DETERMINATION AND AUTHORIZATION						
CONTRACTING OFFICER'S SIGNATURE						DATE
8. PROPERTY AUTHORIZED TO BE TRANSFERRED						
ITEM NO. 8a.	DESCRIPTION (Include NSN, mfg., model, type, capacity, dimensions, etc.) 8b.	QUANTITY 8c.	MFG. SERIAL NO. 8d.	NIH PROPERTY NO. 8e.	COND. CODE 8f.	ACQUISITION COST 8g.
10. RELIEF OF CONTRACTOR-AWARDEE FROM ACCOUNTABILITY Contractor-Awardee is hereby relieved from accountability for listed property under contract indicated in Item 5. Remove all Government identification.				11. COST DATA		
SIGNATURE OF PROPERTY ADMINISTRATOR		DATE		TOTAL NOR \$	TOTAL G/L \$	GRAND TOTAL \$
<div style="display: flex; justify-content: space-between;"> <div> NIH 649-4 (Rev. 03/13) </div> <div> DISTRIBUTION: White - Research Contracts File Green - Contracting Officer Canary - Contractor </div> <div> Pink - DFM Gold - Contractor Final Copy or Third Part Copy </div> <div> Use Form NIH 649 (Continuation Sheet) for continuations </div> </div>						