**Termination of Work Letter Template**

In the event that a stop-work order must be sent to a contractual partner or subawardee, the PI must first contact the Office of Research Administration (ORA), in particular Farin Kamangar, MD, PhD, Assistant Vice President for Research, farin.kamangar@morgan.edu. Please include the following information in your email:

* Name of Contractual Partner or subawardee
* Title/Name and Number of Contract or Agreement
* Effective Stop Date
* The reason for the Stop-Work request

Once approved, the ORA will issue an email with a Stop-Work request to the contractual partner or subawardee. The PI must then submit the Termination of Work Letter completed with the specific details of their own project (minus the cover page and yellow highlights) through [Docusign](http://www.docusign.net/) to be signed by AVP Farin Kamangar. Once signed, the letter must then be mailed to the contractual partner involved and cc’d to the necessary internal MSU officials, who will be agreed upon in the initial email with AVP Farin Kamangar.

For the following letter:

The yellow highlights need to be replaced with your specific information (please see worksheet below).

**Please remember to delete this instructional coversheet and the highlights before submitting this letter with the accompanying documentation requested above.**

You will need the following information to fill out the following Termination of Work Letter Template:

|  |  |
| --- | --- |
| **Field** | **PI Response** |
| *Contractual Partner’s Information* |
| Addressee’s Honorific | *Dr./Ms./Mr./Mx*. |
| Addressee’s Full Name |  |
| Agency Name |  |
| Agency School or Department |  |
| Agency Street Address |  |
| Agency City, State, Zip code |  |
| Addressee’s Email |  |
| Addressee’s Last Name |  |
| *Agreement Information* |
| Agreement Type | *contract/agreement* |
| Agreement Name |  |
| Agreement Number |  |
| Date Signed |  |
| Agreement End Date |  |
| *Termination of Work Information* |
| Agency Name |  |
| Effective Work Termination Date |  |
| *CC List* |
| List of those to whom this letter will be cc’ed, please include honorifics |  |



February 23, 2023

Dr./Ms./Mr./Mx. Addressee’sFullName

AgencyName

AgencySchoolorDepartment

AgencyStreetAddress

AgencyCitySTZipcode

Addressee’sEmail

**Re: Termination of AgreementName with AgencyName**

Dear Dr./Ms./Mr./Mx. Addressee’sLastName,

This letter serves as formal notice of Morgan State University’s decision to terminate the AgreementType AgreementName (AgreementNumber), signed on DateSigned, with an original end date of AgreementEndDate. A stop-work request was sent to the AgencyName via email effective EffectiveWorkTerminationDate. AgencyName should cease any additional preparation or work on this contractual agreement. Finally, AgencyName may not present, disseminate, or share any part of this research without the written consent of Morgan State University.

Sincerely,

Farin Kamangar, MD, PhD

Assistant Vice President for Research

Morgan State University

Email: farin.kamangar@morgan.edu

Phone: 301-655-9280

cc:

CC List