



RESEARCH FOUNDATION
of The City University of New York
230 West 41st Street
New York, NY 10036-7207

RF CUNY ACCOUNT ESTABLISHMENT FORM

College: _____

New RF account

Renewal of existing RF account

Enter existing RF account number

Sponsor Name:

Project Title:

Project Staff with signature authorization and access to the RF account

Role on the project	Name	Phone number	Email Address
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Please email Weblogonid@rfcuny.org to request Non-PI (preparer) access for project staff as well as any additional PI, Co-PI and or Authorized Signatory.

Project Period	From:	To:	
Budget Period	From:	To:	

Award Type

Award Purpose

Cost Sharing/In Kind Contribution

Voluntary Cost Share - must have approval from the CUNY Office of Research at the time of the application/proposal. Please attach a copy of the approval.

Is the project federally funded or federal pass-through?

If so, CFDA number

Does the project involve research with human or animal subject? If yes, please attach approval or indicate that review is pending.

IRB	Yes	No	IACUC	Yes	No
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Print Name and Title (GO or Authorized Designee)

Date