



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

RF CUNY ACCOUNT ESTABLISHMENT FORM

College/Cost Center:

☐ 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
---------------------	------	--------------	---------------

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

Award Type

Award Purpose

NACUBO Purpose Code

NSF Code (Discipline)

Department

*Cost Sharing/In Kind Contribution

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

Is this 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
-----	-----	----	-------	-----	----

Signature

Print Name and Title (GO or Authorized Designee)

Date