



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 (if applicable)

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