



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

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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](mailto: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

Area of Discipline

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

\_\_\_\_\_  
Signature

Print Name and Title (GO or Authorized Designee)

Date