



**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
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Signature

Print Name and Title (GO or Authorized Designee)

Date