



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