**The Trustees of Columbia University in the City of New York**

**SPONSORED PROJECTS ADMINISTRATION**

**SUBRECIPIENT PROPOSAL FACE PAGE**

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| --- | --- |
| **PRIME INSTITUTION Legal/Corporate Name:** | **SUBRECIPIENT INSTITUTION Legal/Corporate Name:**The Trustees of Columbia University in the City of New York |
| Principal Investigator: | Principal Investigator: |
| Department: | Department: |
| Address:  | [ ]  **Medical Center:** 630 West 168th Street, Box 49 |
| City:       State:       Zip:       | New York, NY 10032-3702 |
| Email:       Phone#:       | **grants-office@columbia.edu** Ph: (212) 305-4191  |
| EIN #:       | EIN # 135598093Unique Entity Identifier (UEI)# QHF5ZZ114M72 Profile is in the **FDP Expanded Clearinghouse**  |
| Unique Entity Identifier (UEI)#:       | **[ ]  Morningside:** 615 West 131st Street, 6th Floor, Mail Code 8725 |
|  | New York, NY 10027-7922**ms-grants-office@columbia.edu**  Ph: (212) 854-6851 EIN # 135598093Unique Entity Identifier (UEI)# F4N1QNPB95M4Profile is in the **FDP Expanded Clearinghouse**  |

Prime Funding Sponsor:

Title of Project:

Dates of Proposed Project Period:

Dates of Initial Budget Period:

**Estimated Total Costs (Direct and Indirect):**

First Year Direct: $      First year Indirect: $      Total: $

Project Total Direct: $      Project Total Indirect: $      Project Total: $

Human Research Subjects: Y [ ]  N [ ]  IRB Approval: [ ]  Pending [ ]  Approval Date:

Laboratory Animals: Y [ ]  N [ ]  IACUC Approval: [ ]  Pending [ ]  Approval Date:

Fixed Amount Subaward: Y [ ]  N [ ]  Cost Reimbursement Subaward: Y [ ]  N [ ]

Per Patient/Fixed Rate Subaward: Y [ ]  N [ ]  Cost per Patient: $

**AUTHORIZED COLUMBIA UNIVERSITY OFFICIAL:**

Name:       Title:

Address:

Email Address:       Telephone Number:

We agree to abide by the prime sponsor’s policies and are prepared to negotiate the necessary inter-institutional agreements consistent with those policies.

**SIGNATURES:**

Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_