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

**SPONSORED PROJECTS ADMINISTRATION**

**SUBRECIPIENT PROPOSAL FACE PAGE**

|  |  |
| --- | --- |
| **PRIME INSTITUTION Legal/Corporate Name:** The Trustees of Columbia University in the City of New York | **SUBRECIPIENT INSTITUTION Legal/Corporate Name:** |
| Principal Investigator: | Principal Investigator: |
| Department: | Department: |
| [ ]  **Medical Center:** 630 West 168th Street, Box 49 | Address:  |
| New York, NY 10032-3702 | City:       State:       Full Postal Code (**ZIP+4**):       |
| **grants-office@columbia.edu** Ph:(212) 305-4191 | Email:       Phone#:       |
| EIN# 135598093 Unique Entity Identifier (UEI)# QHF5ZZ114M72 | EIN #:       Unique Entity Identifier (UEI)#       |
|  |  |
| **[ ]  Morningside:** 615 West 131st Street, 6th Floor, Mail Code 8725 | **Project/Performance Site Congressional District:**       |
| New York, NY 10027-7922 | For-Profit: [ ]  Non-Profit: [ ] Fiscal Year End:       |
| **ms-grants-office@columbia.edu** Ph:(212) 854-6851 |  |
| EIN# 135598093Unique Entity Identifier (UEI)# F4N1QNPB95M4 | Is your institution on the **list of compliant institutions and entities** in the **FDP FCOI Clearinghouse**?Yes [ ]  No [ ]   |

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 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:**

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

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