



Research Management and Support Awards New Award Request Form

Date:

Requestor:

Please complete applicable sections and e-mail to requests to ResearchManagementandSupportAwards@rfsuny.org.

Type of Request

Please select applicable instructions.

Establish New/Renewal (Check all that applies.) If renewal, provide prior PTA:

Award

Project on existing Award#? Yes No

Task on existing Project/Award #? Yes No

Installment only and extend existing award

• Existing Award # ; leave unallocated? Yes No

• Extend Project/ Task? Yes No

• Establish New Project/Task Yes No

Run A to B Process to transfer labor schedules:

• Transfer from PTA

• Transfer to PTA

Award Information

Award Short Name:

Award Full Name:

Start Date

End Date:

Amount:

Organization (Campus # + Department):

Award Purpose: RF Funded Revenue RMS General

On/Off Campus Code: On Off

Property Title Code:

No Property Purchased

RF: Administrative

RF: Organized Research

RF: Other Equipment

Unknown

No Property Purchased

RF: Administrative equip purchased with RF funds

RF: Organized research equip purchased w/ RF funds

RF: Other equipment purchased with RF funds

Unknown

NACUBO Code (Program Class Code/Chart of Accounts):

Academic Support

Educational Support

General Administration

Intercollegiate Athletics

Libraries

Organized Activities

Prizes and Awards

Scholarship Development Costs

Sponsored Prog Development

Training

Alterations and Renovations

Fellowships

General Institutional Support

Institutional & Dept Support

Maintenance & Operations

Organized Research

Public Service

Scholarships

Student Financial Aid

Other

Dept Administration

Food Service

Hospitals & Clinics

Instruction & Dept Research

Nursing Home Operations

Other Auxiliary

Residence Halls

Sponsored Funds Adm

Student Services

Personnel (*= required field)

Full Name

Award Role

From

To

Award Manager*

Principal Investigator*



Research Management and Support Awards New Award Request Form

Project/Task Information

If multiple projects and tasks please supply the following information for each.
Enter any existing information that applies, such as award number.

Award #			
Project Number			
Project Name:			
Project Dates			
Task Number:			
Task Name:			
Description:			
Task Dates			
ORG:			
PI:			
NACUBO:			
AMOUNT:			

Budget Information:

*If budget is distributed, please attach a budget breakdown for each Project/Task with Award No. referenced; otherwise total amount will be placed in the "undistributed" budget category.

Notes on Award or Comments:

Approvals:

Operations Manager or Designee: _____
Signature: _____ Date _____