

**The Trustees of Columbia University in the City of New York
SPONSORED PROJECTS ADMINISTRATION
SUBCONTRACT PROPOSAL FACE PAGE**

PRIME INSTITUTION Legal/Corporate Name The Trustees of Columbia University in the City of NY	SUBCONTRACT INSTITUTION Legal/Corporate Name
Principal Investigator:	Principal Investigator:
Department:	Department:
<input type="checkbox"/> Medical Center: 630 West 168th Street, Box 49 New York, NY 10032-3702	Address: City: State: Zip:
grants-office@columbia.edu Ph: (212) 305-4191 Fax: (212) 305-3697	Email: Phone#:
EIN # 135598093 DUNS #: 621889815	EIN #:
<input type="checkbox"/> Morningside: 615 West 131st Street New York, NY 10027-7922	DUNS #:
ms-grants-office@columbia.edu Ph: (212) 854-6851 Fax: (212) 854-2738	For Profit: <input type="checkbox"/> Non Profit: <input type="checkbox"/> Fiscal Year End:
EIN # 135598093 DUNS #: 049179401	FCOI Policy: Y <input type="checkbox"/> N <input type="checkbox"/>

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 Price Subaward: Y N Cost Reimbursement Subaward: Y N
Per Patient 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: _____