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The State University of New York  
Research Administration  
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**Authorization Form**

**Donor Name –** \_\_\_\_\_

**Research Project Title -** \_\_\_\_\_

If “new” project, this form should **not** be used. Application should be submitted to Pre-Award office.

**Amount -** \_\_\_\_\_

**Are human subjects involve?**                     YES                     NO

If YES, please attach IRB approval.

**Are animal subjects involved?**                     YES                     NO

If YES, please attach IACUC approval

**Are there any biosafety issues?**                     YES                     NO

If YES, please attach IBC approval

**Conflict of Interest:** \_\_\_\_\_

**Annual Disclosure complete?**                     YES                     NO

**Transactional Form complete?**                     YES                     NO

**P.I. Name -** \_\_\_\_\_

**P.I. Signature-** I certify that the above information is accurate.

**Approval –Office of Research Administration**

Please note that gift funds do not require technical or financial reporting and therefore are not managed in separate financial accounts. Attach any correspondence that has relevance or accompanied the payment. Funds can only be utilized for research purposes, expenditures will adhere to State and Research Foundation policies and the funds are not transferable to other institutions. Expenditures will be allowed only up to the amount of revenue received, deficit spending will not be allowed. Research gifts will only be accepted in support of SUNY Downstate Research being conducted by SUNY Downstate approved Principal Investigators.