

CLEARANCE REQUEST FORM

Date of request	Submitted by	School/Center/Institute	Division/Unit
------------------------	---------------------	--------------------------------	----------------------

Please submit completed form to our research group via cfrclearancerequest-group@nyu.edu.

REMINDER: Clearances are typically given for a **6-month period of time**; however, renewal requests are accepted. For more information on the clearance process please contact the CFR portfolio manager assigned to your school. If you have issues with the form please contact Tameka Hipp at tameka.hipp@nyu.edu for further assistance.

PROSPECT DETAILS				
Please check the box that best describe the type of approach:				
<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Response to RFP	<input type="checkbox"/> Invitation to Submit	
Organization or Advance Record Number (if none, please provide the prospect's address)				
What is the foundation program area?				
If the prospect is a particular division or subsidiary of a corporation, please specify.				
Please list any prospect relationships and/or NYU affiliations (or you may attach a separate written description).				

PROJECT DETAILS			
Proposal Type:	<input type="checkbox"/> CFR Standard (for UDAR CFR Only)	<input type="checkbox"/> CFR Limited (for UDAR CFR Only)	<input type="checkbox"/> OSP Submitted
Project Title			
Project Description (or you may attach a separate written description)			
Ask Date	Ask Amount	Expected Date	Expected Amount
Proposal Status	Proposal Stage	Use/Purpose	

PROJECT CONTACTS
Principal Investigator (faculty/staff who will oversee the project):
School Coordinator (typically non-UDAR staff/non P.I.):
Solicitor (principal person other than lead proposal staff responsible):
Proposal Staff Responsible (lead person responsible for the ask):
Additional Staff Responsible (additional development staff):
CFR Additional Staff Responsible (CFR Portfolio Manager):

FOR INTERNAL USE ONLY			
Your request has been approved by _____	PROSpect ID# _____	PROPosal ID# _____	Expiration date _____
<input type="checkbox"/> Your request has not been approved at this time due to: _____			
Next steps: <input type="checkbox"/> Your request has been wait listed <input type="checkbox"/> Other: _____			