



Grants and Contracts Office
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 Facsimile: 212.241-3294
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NIH Foreign Component Prior Approval Form

Instructions: Please submit this form to the GCO upon request. The GCO will review and submit the form to the National Institutes of Health Institute or Center (NIH I/C) for prior approval of a foreign component. Attach additional pages if more space is needed. Please review [NOT-OD-19-114](#) and [NOT-OD-25-104](#) for more information regarding the NIH's policy on foreign components.

Primary Institution Name: Icahn School of Medicine at Mount Sinai (ISMMS)
 Primary Institution Address: 1 Gustave L. Levy Place, Box 1075 New York, NY 10029
 ISMMS Principal Investigator Name: _____ Project No: _____

Foreign Component Information

Institution Name: *Investigator must be affiliated with this institution. If investigator is not affiliated with an Institution, please leave blank and use the "other" section for additional clarification.* _____

Country in which research will be conducted: _____

Names of Foreign Component Collaborating Investigators: _____

Foreign Component Address: *Provide as much detail as possible.* _____

Collaborating Investigator Telephone Number: _____ E-mail Address: _____

The information requested below is regarding the research conducted at the foreign component. Do not include information about studies performed in the U.S. or at another site.

1. AIDS Related? ☐ Yes ☐ No

2. Involves Biodefense? ☐ Yes ☐ No

3. Description of Activities to be Conducted at the Foreign Component:

Please describe the activities to be conducted at the foreign component written for a lay audience. The NIH I/C is responsible for approving this activity. Please attach additional pages if more space is needed.

4. Total Amount Requested: _____ *If appropriate, add total requested amount.*

5. Budget: ☐ Attached ☐ None

If appropriate, attach a budget which includes the total costs per year at the foreign component.