

**URSCA Program Grants Signature Page**

**1. Project Title:** \_\_\_\_\_

**2. Dept/Program(s):** \_\_\_\_\_

**3. Primary contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Co-applicant (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**5. Additional Members of Project Team** (name and program/department):

**i.** \_\_\_\_\_  
(Name) (Program/department)

**ii.** \_\_\_\_\_  
(Name) (Program/department)

**iii.** \_\_\_\_\_  
(Name) (Program/department)

**iv.** \_\_\_\_\_  
(Name) (Program/department)

**4. Department Chair/Research Institute (RI) Director(s):** As the department chair/RI director, I certify to the best of my knowledge and belief that the information in this application is true and correct. I have read the proposal and agree that the applicant, and others invested, will comply with the assurances required of applicants if the grant assistance is approved.

\_\_\_\_\_  
(Name) (Signature) (Date)

**Number in Dept/Program:** \_\_\_\_\_ **Number involved on team:** \_\_\_\_\_

\_\_\_\_\_  
(Name) (Signature) (Date)

**Number in Dept/Program:** \_\_\_\_\_ **Number involved on team:** \_\_\_\_\_