

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)

(Name) (Signature) (Date)