

**Signature Page for Site
CSMP State Funds – July 1, 2010 through June 30, 2011**

Region _____ **Subject Matter** _____

Site Name _____

Site Mailing Address _____

Site Director (First/M/Last) _____

Telephone/Fax/Email _____

Site Co-Director (First/M/Last) _____

Telephone/Fax/Email _____

Site Co-Director (First/M/Last) _____

Telephone/Fax/Email _____

Site Co-Director (First/M/Last) _____

Telephone/Fax/Email _____

HOST INSTITUTION INFORMATION

Principal Investigator (First/M/Last) _____

Mailing Address _____

Telephone/Fax/Email _____

Department Affiliation _____

Faculty Advisor (First/M/Last) _____

check if same as above _____

Mailing Address _____

Telephone/Fax/Email _____

Department Affiliation _____

Host Institution Legal Name _____

Host Institution Address _____

Authorized Institutional Official (First/M/Last) _____

**i.e. Contracts and Grants, foundation or Sponsored Projects* _____

Mailing Address _____

Financial Contact (First/M/Last) _____

Telephone/Fax/Email _____

Budget Period July 1, 2010 - June 30, 2011

Amount Requested _____

(must agree with site total amount on corresponding Budget Page) _____

Approvals (Signatures required)			
Principal Investigator	Date	Site Director(s)	Date
Faculty Advisor (if different than PI)	Date	Site Co-Director	Date
		Site Co-Director	Date
Authorized Institutional Official	Date	Site Co-Director	Date

Approval by CSMP Statewide Office (Signature required prior to submission to UCOP)	
Statewide Office Executive Director	Date