

**Signature Page for Site
CSMP State Funds – July 1, 2018 through June 30, 2019**

Subject Matter _____

Site/Project Name _____

Mailing Address _____

Site Director (First/M/Last) _____

Telephone/FAX/Email Address _____

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

Telephone/FAX/Email Address _____

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

Telephone/FAX/Email Address _____

HOST INSTITUTION INFORMATION

Principal Investigator (PI) or equivalent
(First/M/Last) _____

Mailing Address _____

Telephone/FAX/Email _____

Department Affiliation _____

Host Institution Legal Name _____

Host Institution Address _____

Authorized Institutional Official (First/M/Last) _____
(i.e., Contract and Grant, Foundation or Sponsored Projects)

Mailing Address _____

Telephone/FAX/Email _____

Financial Contact (First/M/Last) _____

Mailing Address _____

Telephone/FAX/Email Address _____

Budget Period: July 1, 2018 through June 30, 2019

Amount Requested \$ _____
(Must agree with site total amount on corresponding Budget Page)

Approvals (Signatures required)

Principal Investigator (PI) or equivalent	Date	Site Director (or lead 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