



Grant Application

Institutional Authorization Form
(Please attach this Form to Funding Application)

Date: _____

Project Title: _____

Name of Primary Contact: _____

Location(s) where project will take place: _____

Department/School/Campus Entity that will be affected:

Brief Project Description:

By signing this document, I _____ speak on behalf of the
Printed name of Official Representative

_____ and grant authorization for the above noted project.
Department/School/Campus Entity

Date of Signature: _____

Signature of Official Representative: _____

Contact Information of Official Representative:

Address: _____

Phone: _____

E-Mail: _____