

**2009-10 TSR&TP Collaborative Grant**

**CAMPUS CONTRACTS & GRANTS OFFICE AUTHORIZATION**

The undersigned certifies that this TSR&TP proposal complies with the  
PI's UC campus policies

Please fax signed form to TSR&TP (530) 752-5593

**Title of Proposal:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Principal Investigator:**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Contract & Grant Officer:**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Position Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*