

**COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE
LETTER OF AUTHORIZATION FORMULA PROGRAMS
PRIMARY CONTACT PERSON FORM**

INSTITUTION: _____

FORMULA PROGRAM: SMITH-LEVER ACT

EXTENSION DIRECTOR/ADMINISTRATOR :

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

BUSINESS MANAGER:

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

ACCOUNTANT:

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

PERSON RESPONSIBLE FOR DRAWDOWNS:

Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____