

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

INSTITUTION: _____

FORMULA PROGRAM: HATCH ACT RESEARCH

RESEARCH DIRECTOR :

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: _____