

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

**INSTITUTION:** \_\_\_\_\_

**FORMULA PROGRAM: ANIMAL HEALTH & DISEASE 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:** \_\_\_\_\_