



Citrus Research and  
Development Foundation, Inc.

## INSTITUTIONAL AUTHORIZATION FORM

Principal Investigator: \_\_\_\_\_ Project No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Department: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Total Funds Requested: \_\_\_\_\_ Duration (Yrs.): \_\_\_\_\_

I hereby certify that the information submitted within the Full Proposal application is accurate and complete to the best of my knowledge, and agree to accept responsibility for the scientific conduct of the project and to provide all required progress and final reports if funding is approved as a result of the application.

This project has been reviewed by the official whose signature appears below acknowledging satisfaction that the Principal Investigator(s) and Collaborators involved in the project have agreed to participate and that all obligations and commitments described here in are acceptable.

\_\_\_\_\_  
PI Signature

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

NOTE: Evidence of Institutional review and approval must be submitted with each Full Proposal per instructions.