Appendix A
AGRC Award Application Form

UNIVERSITY OF CALIFORNIA

ACADEMIC GERIATRIC RESOURCE PROGRAM

Academic Geriatric Resource Center (AGRC) Award Application

Campus Requesting Funds _____ OVPHA Use Only_____

Campus AGRC Coordinator (Faculty Member) _____

Department _____Phone _____

Mailing Address _____

Please provide the following for each Program Director included in this AGRC application:

Name	Academic Title	Department & Mail Code	Phone and Email

VERIFICATIONS:

(A) AGRC Coordinator: (Name) _____

I verify that the information contained in this request has been reviewed by our campus AGRC Campus Advisory Committee (CAC), is accurate and is in compliance with our campus plan. I agree to accept responsibility for the conduct of this program end to provide required progress reports.

_____ _____

Signature Date

(B) Contracts and Grants Officer: _____

I verify that the information contained in this request has been checked by my office and is in accord with University policies as they relate to contracts and grants procedures.

_____ _____

Signature Date

Review and Approval of Human Subjects:

Does not apply ___ Approval is attached ___ Review pending ___