

# Cover Page

## DAIRY DIGESTER RESEARCH AND DEVELOPMENT PROGRAM 2015

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### PROJECT TITLE

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### PROJECT LEADER(s) *(add additional names as needed)*

Name \_\_\_\_\_

Title \_\_\_\_\_

Affiliation \_\_\_\_\_

Mailing Address

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Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT ORGANIZATION

Name \_\_\_\_\_

Mailing Address

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### PROJECT COOPERATOR(s) *(add additional names as needed)*

Name \_\_\_\_\_

Title \_\_\_\_\_

Affiliation \_\_\_\_\_

Mailing Address

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Telephone Number \_\_\_\_\_ Email \_\_\_\_\_



**SUPPORTER(s)** (add additional names as needed)

*\*Do not include a supporter's name on the cover page unless the support letter is included with the proposal at the time of submission.*

Name \_\_\_\_\_

Title \_\_\_\_\_

Affiliation \_\_\_\_\_

**PROJECT MANAGER**

Organization/entity \_\_\_\_\_

Grant Manager Name \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**CDFA Funding Request Amount** \_\_\_\_\_

**Total Project Budget** \_\_\_\_\_

Please read the following certification statement before signing and submitting the grant application.

I, certify under penalty of perjury the following:

- The information entered on behalf of the Applicant Organization is true and complete to the best of my knowledge;
- I am an employee of or a consultant for the Applicant Organization and I am authorized to submit the grant application on behalf of the Applicant Organization; and
- I understand that any false, incomplete, or incorrect statements made may result in the disqualification of this grant application.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_