



Foundation for Food & Agriculture Research (FFAR) Progress Report Signature Page

FFAR Grant ID: _____

Reporting Period (dd/mm/yy to dd/mm/yy): _____

Principal Investigator (PI): _____

Authorized Official Representative (AOR): _____

Project Title:

By signing below, I certify that this annual and/or final report (programmatic and financial) is accurate, agree to accept responsibility for the scientific and technical or financial conduct of the Award granted by FFAR.

PI Signature

Date

AOR Signature

Date

By signing below, I certify that the provided annual and/or final financial report is an accurate account of expenses and obligations made in accordance with the current FFAR Grant regulations made for the purposes outlined in the Agreement.

Financial Officer: _____

Financial Officer Signature

Date