STATE OF CALIFORNIA

Exhibit A3

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| |  | | --- | | **AUTHORIZED REPRESENTATIVES AND NOTICES**  The following individuals are the authorized representatives for the State and the University under this Agreement. Any official Notices issued under the terms of this Agreement shall be addressed to the Authorized Official identified below, unless otherwise identified in the Agreement. | | |
| **State Agency Contacts**  Agency Name: <Agency Name> | **University Contacts**  University Name: <University Name> |
| ***Contract Project Manager (Technical)***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Fax: <Fax#, if available>  Email: <EmailAddress> | ***Principal Investigator***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Fax: <Fax#, if available>  Email: <EmailAddress>  Designees to certify invoices under Section 14 of Exhibit C on behalf of PI:   1. <Name>, <Title>, <EmailAddress> 2. <Name>, <Title>, <EmailAddress> 3. <Name>, <Title>, <EmailAddress> |
| ***Authorized Official (contract officer)***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Fax: <Fax#, if available>  Email: <EmailAddress>  ***Send notices to (if different):***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Email: <EmailAddress> | ***Authorized Official***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Fax: <Fax#, if available>  Email: <EmailAddress>  ***Send notices to (if different):***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Email: <EmailAddress> |
| ***Administrative Contact***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Fax: <Fax#, if available>  Email: <EmailAddress> | ***Administrative Contact***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Fax: <Fax#, if available>  Email: <EmailAddress> |
| ***Financial Contact/Accounting***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Fax: <Fax#, if available>  Email: <EmailAddress> | ***Authorized Financial Contact/Invoicing***  Name: <Name>  <Title>  Address: <Department>  <Address>  <City,State,Zip>  Telephone: <Telephone#>  Fax: <Fax#, if available>  Email: <EmailAddress>  Designees for invoice certification in accordance with Section 14 of Exhibit C on behalf of the Financial Contact:   1. <Name>, <Title>, <EmailAddress> 2. <Name>, <Title>, <EmailAddress> 3. <Name>, <Title>, <EmailAddress> |