



# 2020 Grant Commitment Form

## For Northeast SARE Graduate Student Grant Applications

*This form must be completed with signatures and attached to the online application at time of submission. Applications will not be accepted without the fully officiated commitment form, nor will commitment forms be accepted after the submission deadline of 5:00 p.m. ET on April 21, 2020.*

Signatures are required below from the graduate student applicant, the student's faculty advisor, and an authorized official from the institution's grants office.

**Project title:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Total funding proposed that would go to this organization/institution: \$ \_\_\_\_\_

### Assurance of Project Leader (graduate student):

I affirm that I am, or will be, a graduate student at \_\_\_\_\_ (institution), and that I have written this proposal and discussed it with my faculty advisor, listed below. Should this proposal be awarded, I will be the primary person managing the project. I will be responsible for reporting projects results on/by January 15 annually while the project is in progress and will provide a detailed final report upon the project's completion. I will acknowledge SARE as the funding source in all project publications and outreach materials. I will keep Northeast SARE informed of any contact and e-mail changes for at least two years after the final report is submitted.

Signature of graduate student applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Faculty Advisor Approval:

I affirm that I have read this proposal and understand that, for the purposes of this proposal, I will be named the principal investigator. I will supervise grant activities and support student compliance of SARE requirements as needed.

Faculty advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print advisor name: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Institutional Approval:

The grants or sponsored programs office of \_\_\_\_\_ (institution) hereby certifies that we have read this proposal, approve the budget submitted, and have the capacity to manage grant funds on behalf of the project leader named above should the proposal be funded. We further understand that the SARE funds designated for our institution cannot be used except as outlined in the proposal.

Signature of authorized official: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title of authorized official: \_\_\_\_\_

Organization or Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Is this institution registered in the Federal Demonstration Partnership (FDP) Expanded Clearinghouse?

Please mark (X) the response below.

\_\_\_ No.

\_\_\_ Yes, the institution profile can be found at: <https://fdpclearinghouse.org/organizations>.