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 19, 2022.

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:** ________________________________________________________________

**Total funds requested** that would go to this organization/institution: $ ______________________

**Assurance of Applicant / Project Leader (graduate student) and Faculty Advisor**

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 contact for managing the project. I will be responsible for reporting project results by January 15 each year while the project is in progress and providing a final report when the project is complete. I will acknowledge SARE as the funding source in all project-funded documents (including 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.

Does this project involve human subjects research?

□ Yes   □ No

Does this project involve research with vertebrate animals?

□ Yes   □ No

If I checked yes to either of the above, I understand that I will be required to obtain an IRB or IACUC determination and submit evidence of the results of that process to Northeast SARE, prior to any funds being provided for the proposed research.

Signature of graduate student applicant: _________________________   Date: ________________

Print Applicant Name: ___________________________________________________________

**Faculty Advisor:** 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 with 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, 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.

Additionally, I am aware of whether or not this project involves either human subjects research or research with vertebrate animals.

Signature of authorized official: _________________________________ Date: ____________
Printed name and title of authorized official: _________________________________
Organization or Institution Name: _____________________________________________
Mailing 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.