

## **2022 Grant Commitment Form**

## **Northeast SARE Graduate Student Research Grant**

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 I affirm that I am, or will be, a graduate student at and that I have written this proposal and discussed it with proposal be awarded, I will be the primary contact for ma	(institution), n my faculty advisor, listed below. Should this	
reporting project results by January 15 each year while the report when the project is complete. I will acknowledge S. documents (including outreach materials). I will keep No changes for at least two years after the final report is subr	e project is in progress and providing a final ARE as the funding source in all project-funded rtheast SARE informed of any contact and e-mail	
Does this project involve human subjects research?		
□ Yes □ No		
Does this project involve research with vertebrate animal	s?	
□ 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:		
<b>Faculty Advisor</b> : I affirm that I have read this proposal proposal, I will be named the principal investigator. I will 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 funds on behalf of the project leader named above should the proposal be funded. We furth that the SARE funds designated for our institution cannot be used except as outlined in the	her understand
Additionally, I am aware of whether or not this project involves either human subjects rese with vertebrate animals.	earch or research
Signature of authorized official: Date:	
Printed name and title of authorized official:	
Organization or Institution Name:	
Mailing Address:	
Telephone:	
Email Address:	
<b>Is this institution registered in the Federal Demonstration Partnership (FDP) E Clearinghouse?</b> Please mark (X) the response below.	Expanded
No.	
Yes, the institution profile can be found at: https://fdpclearinghouse.org/organization	<u>s</u> .