



2022 Grant Commitment Form

Northeast SARE Partnership Grants

*This form must be completed, signed and uploaded to the online system prior to proposal submission. Separate commitment forms are required from the applicant organization and any/all organizations that would receive funds as subawards. Proposals will **not** be accepted without fully officiated commitment forms, nor will the commitment forms be accepted after the submission due date of April 12, 2022 at 5 pm.*

Project title: _____

Total funding requested that would go to this organization/institution/business:

\$ _____

Assurance of project leader/collaborator

For this project, I affirm that I am, or will be, an employee or authorized representative of:

_____ (organization/institution/business to receive the proposed funding). Should this project be funded, I will be the primary contact at my organization/institution/business for managing the project/subaward. As project leader, I will be responsible for reporting project results by January 15 annually while the project is in progress and will provide a detailed final report within 60 days of the project's completion. I will acknowledge Northeast SARE as a funding source in all project publications and outreach materials. I will keep Northeast SARE informed of any changes in my contact information for 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 project leader or collaborator: _____ Date: _____

Print name of project leader or collaborator: _____

Organizational approval:

As the authorized grants or sponsored programs official, or the chief financial officer/owner (for a business), of _____
(*name of organization/institution/business*) I hereby certify that I have reviewed this proposal and approve the funding request as defined in the Budget Justification and Narrative, and confirm that we have the capacity to manage grant funds on behalf of the project leader or collaborator named above, should the proposal be funded.

I further understand that any of the Northeast SARE funds awarded to our organization/institution/business for this project 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/Institution/Business Name: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

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

Expanded Clearinghouse? It is not necessary to be part of FDP. If your project is awarded, this information will be used for contracting.

☐ Yes, our organization profile can be found at: <https://fdpclearinghouse.org/organizations>.

☐ No