



Grant Commitment Form

for the Northeast SARE Farmer Grant Program

This form is required for applicants who are **farm employees** of either a private/corporate farm or an organization/institution. Farm owner applicants do not need to complete a Grant Commitment form. Proposals from farm manager/employees will not be accepted without this fully officiated commitment form which must be uploaded to the proposal by the submission deadline of **5:00 p.m ET on November 14, 2023**.

Project title: _____

Total funds requested that would go to this organization/institution/business: \$ _____

Assurance of Project Leader of this Business/Organization/Institution

For this proposed project, I affirm that I am, or will be, an employee or authorized representative of _____ (business/organization/institution to receive the funding).

Should this proposal be awarded, I will be the primary contact for managing the project at the farm business/organization/institution. As project leader, I will be responsible for reporting project results by January 15 each year while the project is in progress and will provide a detailed final report within 30 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.

Signature of Project Leader: _____ Date: _____

Name of Project Leader: _____

Farm Business/Organizational/Institutional Approval

As the farm owner, grants or sponsored programs office of _____ (business/organization/institution)

I hereby certify that I have read this proposal, approve the funding request as defined in the Budget Detail Justification and Narrative, and confirm that we 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 business/organization/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.

- Yes, our organization profile can be found at: <https://fdpclearinghouse.org/organizations>.
- No.