



# 2020 Grant Commitment Form

## For Northeast SARE Research and Education, Research for Novel Approaches, and Professional Development Program Grant Programs

*This form must be completed, signed and uploaded to the online application system prior to proposal submission. Separate commitment forms are required from the applicant institution and any/all institutions receiving 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 October 29, 2019.*

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

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

### Assurance of Project Leader or Cooperator for this Organization/Institution

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

Should this proposal be awarded, I will be the primary contact for managing the project at my organization/institution. I will be responsible for reporting our results each January while the project is in progress and providing information for final reporting when the project is complete.

Signature of Project Leader or Cooperator: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Project Leader or Cooperator: \_\_\_\_\_

### Institutional Approval

The grants or sponsored programs office of \_\_\_\_\_ (organization/institution) hereby certifies that we have read this proposal, approve our funding request as defined in the Budget Detail Justification and Narrative, 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 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.

\_\_\_ No.

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