



Grant Commitment Form

For the following Northeast SARE grant programs:

Professional Development Program

Research and Education

Research for Novel Approaches

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 signed Commitment Form, nor will Commitment Forms be accepted after the submission deadline of 5:00 p.m. ET on October 25, 2022.

Project title: _____

Total funds requested that would go to the 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 proposal be awarded, I will be the primary contact at my organization/institution/business for managing the project/subaward. I will be responsible for reporting project results by January 15 each year while the project is in progress and providing a detailed final report within 60 days of the project's end date. I will acknowledge Northeast SARE as a funding source in all project publications and 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 that process to Northeast SARE, prior to any funds being provided for research.

Signature of project leader or collaborator: Angela Miazga Date: _____

Print name of project leader or collaborator: _____

Please proceed to next page for Organizational approval.

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 the Northeast SARE funds awarded for this project to our organization/institution/business cannot be used except as outlined in the proposal.

Additionally, I am aware of whether this project involves either human subjects research or research with vertebrate animals.

Signature of authorized official: Mary Beth McEwen Date: 3/23/23

Printed name and title of authorized official: Mary Beth McEwen, Executive Director

Organization/Institution/Business Name: _____

Mailing Address: _____

Telephone: 315-736-2580

Email Address: mm822@cornell.edu

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

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

No