

Committee Member Assurance Form

It is important that you understand that this form **is not a formality**. By signing the document below, you are indicating that the project described is part of the applicant’s final project for their degree at the University at Buffalo and that you are supervising that research. It is your responsibility to ensure that the student is requesting funds to purchase items or services that are directly connected to their final project. If the applicant is discovered to have requested funds for any other purpose, all MDRF funding for them will be revoked, and the advisor will not be eligible to sign MDRF funding requests for any other applicants for at least three consecutive grant periods.

Please INITIAL ALL the sections below. Use N/A for sections that are not applicable. Forms without initials will not be considered valid. Do not use check marks or “x”s in sections below.

I certify that I have read the attached proposal and that:

_____ The methodology has been developed sufficiently to allow completion of the project as it is presented in the application.

_____ Any necessary subjects (human or animal) have been identified in the proposal and permission for their use by the applicant has been secured (or is pending with the appropriate review committee).

_____ Any materials requiring special permission to use (e.g., copyrighted materials, radioactive materials, etc) have been identified in the proposal and permission for their use by the applicant has been secured (or is pending with the appropriate review committee).

_____ The department and/or my support funds CANNOT be used to entirely fund this research, and I do not foresee this situation changing. (The MDRF program is funded primarily through mandatory graduate student fees and does not support research that can be completely covered through advisor’s grants or departmental funds.)

_____ The equipment requested by the applicant is the property of MDRF and the GSA and must be returned to the GSA by the end of the grant period to be held for future MDRF recipients.

_____ The materials and services requested by the applicant are NOT already accessible to them through the department’s and/or my own holdings.

_____ The appropriate departmental review committee has formally approved this project OR review is scheduled for _____ (month/year).

Committee Member’s Name (please print): _____

Committee Member’s Signature: _____ **Date:** _____

Note: The Advisor will likely be needed to verify that certain goods and services were actually purchased and used by the applicant. In these cases, if it is discovered that either the applicant or advisor falsified any of the information they provide, the penalties described in the instructions will be enforced. The GSA reserves the right to verify all information provided and to take appropriate action as needed.