**CONFIRMATION OF UNDERSTANDING**

**Principal Investigator/Project Director:**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am aware of and will comply with:

* Financial requirements including working within the sponsor-approved budget, incurring only allowable costs for the award, and monitoring expenses on a periodic basis.
* Federal and state laws, regulations and policies; sponsoring agency policies, rules, and regulations; and the terms and conditions of award agreements.

***Print Name*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Date*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ATTN: Nicole Ream**