



Miami Dade College
Resource Development

PROJECT DIRECTOR COMMITMENT FORM

CPN	
Agency	
Project Title	
Project Director	
Project Term	

By my signature, I certify that I have read and do understand the College's financial and my administrative responsibilities, as project director for the grant named above. I agree to abide by all requirements of the granting agency as outlined in the proposal; the award documents, including the grant agreement; as well as all applicable state, local, and federal laws. Further, I agree to implement this project within the policies and procedures of Miami Dade College. I understand that failure to comply with the terms of this document and the grant documents may result in disciplinary action.

Project Director Name (Please Print)

Project Director Signature

Date

Grant Compliance Officer Signature

Date