



NASH/Google Project Cohort 2: Institutional Attestation

Institution:	
Campus Project Lead (Name and Title):	
Phone:	Email:
President or Chief Academic Officer	
Phone:	Email:
<input type="checkbox"/>	Campus project lead will participate in NASH/Google CoP calls and will provide updates to SUNY Office of Academic Affairs on progress as requested.
<input type="checkbox"/>	Campus Faculty Innovators will participate in training as determined by Campus administrative lead in consultation with SUNY Office of Academic Affairs
President or Chief Academic Officer	<p>By checking the above checkboxes and signing below, I hereby certify that the information contained within this proposal is, to the best of my knowledge, complete and accurate. I further certify, to the best of my knowledge, that any ensuing program and activity will be conducted in accordance with all applicable Federal and State laws and regulations, application guidelines and instructions, and that the requested budget amounts are necessary for implementation of this project.</p> <p>_____</p> <p>Signature _____ Date</p> <p>_____</p> <p>Name</p>