



U.S. ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460  
**FELLOWSHIP FACILITIES AND COMMITMENT STATEMENT**

OMB Control No. 2030-0020  
Approval expires MM/DD/YYYY

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2030-0020). Responses to this collection of information are required to obtain an assistance agreement (40 CFR Part 30, 40 CFR Part 31, and 40 CFR Part 33 for awards made prior to December 26, 2014, and 2 CFR 200, 2 CFR 1500, and 40 CFR Part 33 for awards made after December 26, 2014). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information is estimated to be 1 hour per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

**INSTRUCTIONS:** Applicant must complete Items 1 through 5 and then forward form to sponsor for his completion. The sponsor should complete the remainder of the form and forward it in the enclosed self-addressed envelope. Applicant must affix necessary postage.

**TO BE COMPLETED BY APPLICANT**

1. Applicant's Name		2. Department	
3. School, College, or other Major Division		4. Institution	
5. Type of Fellowship			
<input type="checkbox"/> Agency <input type="checkbox"/> Special <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			

**TO BE COMPLETED BY SPONSOR**

This certifies that if a fellowship, as checked below, is awarded adequate facilities and supervision will be provided.

6. Applicant is a degree candidate <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Candidate would normally be expected to complete Requirements for a _____ degree by (month and year): _____	
8. ALLOWANCES (See 40 CFR 46.110)	9. TITLE AND FULL-INSTITUTIONAL ADDRESS OF APPROPRIATE FINANCIAL OFFICIAL TO WHOM CHECK SHOULD BE MAILED		10. DOES PROPOSED FELLOWSHIP INVOLVE WORK WITH HUMAN SUBJECTS OR EXPERIMENTAL ANIMALS?  <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Tuition Costs (Per credit hour, if applicable)			
Fees Per Year			

**11. COMMENTS OF SPONSOR**

a. Summarize your plans for applicant's training including information which will assist in the evaluation of applicant. This proposed training and facilities available to him. Include projection of course schedule providing course number, title, and credit hours to be taken. (Use continuation pages if necessary).

b. If you are the program director of an EPA Training Grant, state what relationship this fellowship (if awarded) will have to that program. (Use continuation page if necessary).

12. Sponsor's Signature	13. Typed Name	14. Area Code/Tel. No	15. Date
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**TO BE COMPLETED BY INDIVIDUAL AUTHORIZED TO COMMIT THE INSTITUTION**

16. Signature	17. Typed Name	18. Area Code/Tel No.	19. Date
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