



RESEARCH
SCHOLARS

HEMATOLOGY/ONCOLOGY

ACKNOWLEDGEMENT OF INDIRECT COSTS LIMITATION

By signing this document, I certify that I have read and understand the Gilead Sciences Research

Scholars Program in Hematology/Oncology's Budget Guidelines and agree that indirect costs may not

exceed 10% of the award value and that _____ will agree to
(INSERT INSTITUTION NAME HERE)

this specification should _____'s research proposal be
(INSERT APPLICANT'S NAME HERE)

selected to receive an award.

Authorized Institutional Official Signature: _____ Date: _____

Print name: _____



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