



RESEARCH  
SCHOLARS

# CYSTIC FIBROSIS

## ACKNOWLEDGEMENT OF INDIRECT COSTS LIMITATION

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

Scholars Program in Cystic Fibrosis's Budget Guidelines and agree that indirect costs may not

exceed 12% 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: \_\_\_\_\_

