

ACKNOWLEDGEMENT OF INDIRECT COSTS LIMITATION

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

Research Scholars Program in Pulmonary Arterial Hypertension's Budget Guidelines

and agree that indirect costs may not exceed 8% of the award value and

that _____ will agree to this specification should
(INSERT INSTITUTION NAME HERE)

_____'s research proposal be selected to receive
(INSERT APPLICANT'S NAME HERE)

an award.

Authorized Institutional Official Signature: _____

Date: _____

Print name: _____