



**GILEAD** | RESEARCH  
SCHOLARS

# LIVER DISEASE

## ACKNOWLEDGEMENT OF INDIRECT COSTS LIMITATION

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

Scholars Program in Liver Disease - Asia'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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