

## ACKNOWLEDGEMENT OF INSTITUTIONAL FEES LIMITATION

By signing this document, I certify that I have read and understand the Gilead Sciences International Research Scholars Program in Hematology/Oncology's Budget Guidelines and agree that institutional fees may not exceed 5% of the award value and that \_\_\_\_\_ will agree to this  
(INSERT INSTITUTION NAME HERE)

specification should \_\_\_\_\_'s research proposal be selected to  
(INSERT APPLICANT'S NAME HERE)

receive an award.

Authorized Institutional Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_