

## ACKNOWLEDGEMENT OF INDIRECT COSTS LIMITATION

By signing this document, I certify that I have read and understand the Research Scholars Program Budget Guidelines and agree that indirect costs will not exceed 10% of the award value and that

---

(INSERT INSTITUTION NAME)

will agree to this specification should

---

(INSERT APPLICANT NAME)

be selected to receive an award.

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_