



**GILEAD | RESEARCH SCHOLARS**

**HIV**

## **ACKNOWLEDGEMENT OF INDIRECT COSTS LIMITATION**

By signing this document, I certify that I have read and understand the Gilead Sciences Research Scholars Program in HIV’s Budget Guidelines and agree that indirect costs may not exceed 5% of the award value and that \_\_\_\_\_ will agree to this specification  
(INSERT INSTITUTION NAME HERE)

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

an award.

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

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

