



CARDIOVASCULAR COMORBIDITIES

ACKNOWLEDGEMENT OF INDIRECT COSTS LIMITATION

By signing this document, I certify that I have read and understand the Gilead Sciences Research Scholars Program for Cardiovascular Comorbidities Budget Guidelines and agree that indirect costs may not exceed 10% of the award value and that _____ will agree to this specification
(INSERT INSTITUTION NAME HERE)

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

Authorized Institutional Official Signature: _____ Date: _____

Print name: _____

