

Burroughs Wellcome Fund  
Preterm Birth Initiative  
**SIGNATURE PAGE**

**TITLE OF PROJECT:** *Titles exceeding 81 characters, including spaces and punctuation, will be truncated*

**APPLICANT NAME (LAST, FIRST):**

**HIGHEST DEGREE:**

**POSITION TITLE:**

**APPLICANT'S CURRENT INSTITUTION:**

**ACADEMIC RANK:**

**DIVISION:**

**MAILING ADDRESS:**

**DEPARTMENT:**

**EMAIL ADDRESS:**

**TEL:**

**FAX:**

**Mobile:**

**Lab:**

**APPLICANT ASSURANCE:**

I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

**SIGNATURE OF APPLICANT:**

**DATE:**

**SIGNING OFFICIAL ASSURANCE:**

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with the grantor's terms and conditions if a grant is awarded as a result of this application.

**SIGNING OFFICIAL NAME:**

**TITLE:**

**INSTITUTION:**

**ADDRESS:**

**TEL:**

**FAX:**

**EMAIL:**

**SIGNATURE OF SIGNING OFFICIAL:**

**DATE:**