

**Burroughs Wellcome Fund
Innovation in Regulatory Science Awards (IRSA)
SIGNATURE PAGE**

TITLE OF PROJECT: *(Text only; no special characters or formatting.)*

PRIMARY INVESTIGATOR NAME (LAST, FIRST):

HIGHEST DEGREE:

POSITION TITLE:

PRIMARY INVESTIGATOR CURRENT INSTITUTION:

DEPARTMENT:

MAILING ADDRESS:

EMAIL ADDRESS:

TEL:

FAX:

INSTITUTION WHERE PROPOSED WORK WILL BE PERFORMED

PRIMARY INVESTIGATOR 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 PRIMARY INVESTIGATOR:

DATE:

IF APPLICABLE

CO-INVESTIGATOR #1 NAME (LAST, FIRST):

HIGHEST DEGREE:

POSITION TITLE:

CO-INVESTIGATOR #1 CURRENT INSTITUTION:

DEPARTMENT:

MAILING ADDRESS:

EMAIL ADDRESS:

TEL:

FAX:

CO-INVESTIGATOR #1 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 CO-INVESTIGATOR #1:

DATE:

