

Burroughs Wellcome Fund
Career Guidance for Trainees
SIGNATURE PAGE

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

APPLICANT/CO-DIRECTOR #1 NAME (LAST, FIRST):

APPLICANT/CO-DIRECTOR #1 ORGANIZATION:

MAILING ADDRESS:

EMAIL:

TEL:

FAX:

APPLICANT/CO-DIRECTOR #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 APPLICANT:

TITLE:

DATE:

SIGNING OFFICIAL NAME:

SIGNING OFFICIAL ORGANIZATION:

MAILING ADDRESS:

EMAIL:

TEL:

FAX:

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. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF SIGNING OFFICIAL:

TITLE:

DATE:

PARTNER/CO-DIRECTOR (IF APPLICABLE) NAME (LAST, FIRST):

PARTNER/CO-DIRECTOR (IF APPLICABLE) ORGANIZATION:

MAILING ADDRESS:

EMAIL:

TEL:

FAX:

PARTNER/CO-DIRECTOR (IF APPLICABLE) 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.

SIGNATURE OF PARTNER/CO-DIRECTOR #2:

TITLE:

DATE:

TITLE:

DATE: