 The Jane Coffin Childs Memorial Fund for Medical Research

**SIGNATURE PAGE**

2018 Application

***Applicant***

***Name Signature***

***Department Chair Grant and Contract or Financial officer***

***of Sponsoring Institution of Sponsoring Institution***

***Name Name***

 ***Email***

 ***Title Title***

 ***Institute*** ***Institute***

***Department Department***

***Institution Institution***

***Address Address***

 ***Signature Signature***

***Date Date***

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**This document prints with the on-line application but must be submitted separately.**

**An authorized agent for the Sponsoring Institution must sign this document.**

**The signatures on this form verify that the proper office(s) have seen the application**

**If awarded a formal letter with terms of the award will be sent to the Institute**

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**In the subject line of the email please put the following:**

Applicant Last Name, Applicant First Name SIGNATURE Page

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