



Signature Page

Applicant/PI:

I confirm that all of the information contained in this grant application is accurate and not misleading. I agree to accept responsibility for the scientific direction and conduct of this project. I certify that I have read the attached research grant policies of Myhre Syndrome Foundation and that I will abide by them if this grant is awarded. I acknowledge that I am aware that all decisions about grant applications made by Myhre Syndrome Foundation are final and are not subject to appeal.

Name of Applicant (please print):

Signature of Applicant:

Date:

Financial- Authorized Institutional Officer:

I confirm that all of the information contained in this grant application is accurate and not misleading. I agree to accept oversight, legal and financial responsibility for this project. I certify that I have read the attached research grant policies of Myhre Syndrome Foundation and that the institution I represent will abide by them if this grant is awarded. I acknowledge that I am aware that all decisions about grant applications made by Myhre Syndrome Foundation are final and are not subject to appeal.

Name of Institutional Officer (please print):

Signature of Institutional Officer:

Date: