



Cookies for Kids' Cancer™
Clinical and Translational Research Awards

COVER PAGE

Project Title:

Principal Investigator Name:

Email:

Phone:

Institution Name:

Certification and Acceptance

We, the undersigned, certify that the statements contained in this application are true and complete to the best of our knowledge. We agree to conform to the rules governing this award. We understand that awards from Cookies for Kids' Cancer may not be used for indirect costs.

Signature Principal Investigator

Signature of Authorized Institutional Official

Name and title of Authorized Institutional Official

Signatures may be submitted electronically or incorporated into the grant application as a scanned original.