GRANT COVER PAGE

Project Title:

Principal Investigator’s Name:

Institution Name:

ALSF Grant Type:

**Certification and Acceptance: We, the undersigned, certify that the statements contained in the attached grant application are true and complete to the best of our knowledge. We understand and agree to conform to the rules governing the grant as set forth in the Guidelines document including the stipulation that ALSF funds may not be used for any indirect costs.**

Signature of Principal Investigator: Date:

Signature of Institutional Authorized Official: Date:

Name and Title of Authorized Official (please print or type):