



The Jane Coffin Childs Memorial Fund for Medical Research

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2020 Application

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Name _____ **Signature** _____

**Department Chair
of Sponsoring Institution**

**Grant and Contract or Financial officer
of Sponsoring Institution**

Name _____ **Name** _____

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Title _____ **Title** _____

Institute _____ **Institute** _____

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Address** _____

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Date _____ **Date** _____

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