



## American Diabetes Association Pathway to Stop Diabetes Nomination Form

INSTITUTIONAL REPRESENTATIVE	
Name (Last, First)	Title:
Division:	Phone:
Department:	Email:
Mailing Address:	
Pathway Grant Mechanism: <input type="checkbox"/> Initiator <input type="checkbox"/> Accelerator	
APPLICANT	
Name (Last, First)	Title:
Division:	Phone:
Department:	Email:
Project Title:	
Start Date of Proposed Project:	Total Requested Budget ( <i>maximum \$1,625,000</i> ):
NOMINATING SPONSOR	
Name (Last, First)	Title:
Division:	Phone:
Department:	Email:
GRANT ASSURANCES	
Nominating Institution Assurance: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, as a representative of the institution acknowledge the intention to fully support the nomination of the applicant named above, and <b>have reviewed and accept the obligation to comply with the grantor's terms and conditions (grant stipulations and IP Policy) if a grant is awarded as a result of this application.</b>	Signature of Institutional Representative:  <hr style="border: 0; border-top: 1px solid black;"/> Printed Name: _____ Date: _____
Nominating Sponsor Assurance: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, as a representative of the institution acknowledge the intention to fully support the nomination of the applicant named above, and accept the obligation to comply with the grantor's terms and conditions if a grant is awarded as a result of this application.	Signature of Nominating Sponsor:  <hr style="border: 0; border-top: 1px solid black;"/> Printed Name: _____ Date: _____
Applicant Assurance: I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to fulfill all reporting requirements if a grant is awarded as a result of this application.	Signature of Applicant:  <hr style="border: 0; border-top: 1px solid black;"/> Printed Name: _____ Date: _____