

**American Diabetes Association's Pathway Program
Annual Progress Report Signature Page**

Grant Reference #:
Project Title:

By signing below, I certify that this report is accurate, agree to accept responsibility for the scientific and technical or financial conduct of the research project, and agree to all terms and conditions of the aforementioned award granted by the American Diabetes Association.

Principal Investigator Signature

Date _____

Department Chair Signature

Date _____

By signing below, I certify that this annual report is an accurate account of expenses and obligations made in accordance with the current Association grant regulations made for the purposes outlined in the application, online, and award package. Additionally, written justification is being submitted for the grand total requested carryover if applicable.

Financial Officer Signature

Date _____