

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

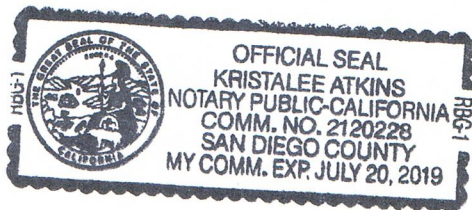
Signature of Document Signer No. 1_____
Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego

Subscribed and sworn to (or affirmed) before me

on this 7th day of December, 2017,
by Date Month Year(1) Yu Zhao(and (2) _____),
Name(s) of Signer(s)proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.Signature Kristalee Atkins
Signature of Notary PublicSeal
Place Notary Seal Above**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached DocumentTitle or Type of Document: Translator's Declaration Document Date: 12/7/2017Number of Pages: 3 Signer(s) Other Than Named Above: _____

TRANSLATOR'S DECLARATION

STATE OF CALIFORNIA

COUNTY OF SAN DIEGO

I, Yu Zhao, declare that I am a member of the American Translators Association (member number 265081), am fluent in English and Chinese, can translate from Chinese to English and from English to Chinese. I further declare that I have translated the document stated below and which is attached to this declaration:

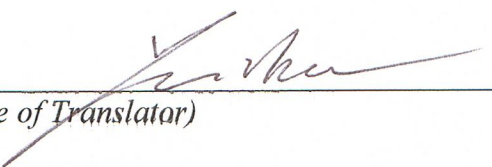
Proposal of Funding Project

(Title of Document)

I declare that, to the best of my knowledge and abilities, the attached document in English is a true and accurate translation of the attached document in Chinese.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

This declaration is signed this 7th day of December, 2017, in Oceanside, California,
U.S.A.


(Signature of Translator)

Yu Zhao

(Print Name)

Project Approval No.	81701036
Project Code:	H1411
Centralized Management Unit:	
Supporting Institution Code:	23003208A0017-0029

817010361010830.00

National Natural Science Foundation of China

Proposal of Funding Project

Funding category: Youth Science Funding Project

Subclass description: _____

Notes: _____

Project title: Research of the Effect of Oral Health Promotion on Pneumonia
Complication Stroke

Direct cost: 190,000 RMB Project duration: Jan, 2018 - Dec, 2020

Principal: DAI, RUOXI

Mailing address: 81 Meixi Road, Hefei City, Anhui Province

Zip code: 230032 Telephone: 0551-65118677

Email: dairuoxi@gmail.com

Supporting institution Anhui Medical University

Contact person: Ke, Daoping Telephone: 0551-65161053

Application date: August 22, 2017

Under the Supervision of National Natural Science Foundation of China

Version: L010830



项目批准号	81701036
申请代码	H1411
归口管理部门	
依托单位代码	23003208A0017-0029



81701036 1010830

国家自然科学基金委员会 资助项目计划书

资助类别: 青年科学基金项目

亚类说明:

附注说明:

项目名称: 口腔健康促进对脑卒中肺炎并发症作用的研究

直接费用: 19万元 执行年限: 2018.01-2020.12

负责人: 戴若曦

通讯地址: 安徽省合肥市梅山路81号

邮政编码: 230032 电 话: 0551-65118677

电子邮件: dairuoxi@gmail.com

依托单位: 安徽医科大学

联系人: 柯道平 电 话: 0551-65161053

填表日期: 2017年08月22日

国家自然科学基金委员会制