

Solicitation Number:

PROPOSAL COVER PAGE

1. SUBMIT TO: Director U.S. Army Research Office ATTN: AMSRL-RO-RI P.O. Box 12211 Research Triangle Park, NC 27709-2211		2. For consideration by: <table border="0"><tr><td><input type="checkbox"/> Biology/Life Sci</td><td><input type="checkbox"/> Materials</td></tr><tr><td><input type="checkbox"/> Chemistry</td><td><input type="checkbox"/> Mathematics</td></tr><tr><td><input type="checkbox"/> Computer Science</td><td><input type="checkbox"/> Physics</td></tr><tr><td><input type="checkbox"/> Electronics</td><td><input type="checkbox"/> Comp & Info Sci</td></tr><tr><td><input type="checkbox"/> Mechanical</td><td><input type="checkbox"/> Weapons & Mtls Sci</td></tr><tr><td><input type="checkbox"/> Environmental Sciences</td><td><input type="checkbox"/> Human Rsch & Eng</td></tr><tr><td><input type="checkbox"/> Sensors & Electron Dev</td><td><input type="checkbox"/> Surv/Lethality</td></tr></table>		<input type="checkbox"/> Biology/Life Sci	<input type="checkbox"/> Materials	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Physics	<input type="checkbox"/> Electronics	<input type="checkbox"/> Comp & Info Sci	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Weapons & Mtls Sci	<input type="checkbox"/> Environmental Sciences	<input type="checkbox"/> Human Rsch & Eng	<input type="checkbox"/> Sensors & Electron Dev	<input type="checkbox"/> Surv/Lethality	3. Is this proposal being submitted to another Federal Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list the agency:																																								
<input type="checkbox"/> Biology/Life Sci	<input type="checkbox"/> Materials																																																									
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		4. Is applicant delinquent on any Federal Debt? <input type="checkbox"/> Yes (Attach explanation) <input type="checkbox"/> No		5. Proposal Valid Until (min of 6 mos):																																																						
6. Entity Identification Number (EIN) or Taxpayer Identification Number (TIN)		7. Data Universal Numbering System (DUNS No.):		8. Commercial and Government Entity (CAGE) Code:																																																						
9. Name of organization to which award should be made:			10. Administrative Address of Organization (if different):																																																							
			11. Branch/Campus/Other Component (where work is performed, if different):																																																							
12. Submitting Organization's Contract/Grant Administration Office:			13. Submitting Organization's Audit Office:																																																							
14. Submitting Organization: (Check all that apply) <table border="0"><tr><td><input type="checkbox"/> For Profit:</td><td><input type="checkbox"/> Large</td><td><input type="checkbox"/> Small</td><td><input type="checkbox"/> Disadvantaged</td><td><input type="checkbox"/> 8a</td><td><input type="checkbox"/> Women-Owned</td><td><input type="checkbox"/> Foreign</td><td><input type="checkbox"/> Individual</td></tr><tr><td><input type="checkbox"/> Educational:</td><td><input type="checkbox"/> HBCU</td><td><input type="checkbox"/> Minority Institution</td><td><input type="checkbox"/> Hispanic</td><td><input type="checkbox"/> Indian Tribal</td><td><input type="checkbox"/> State</td><td><input type="checkbox"/> Private</td><td><input type="checkbox"/> Foreign</td><td><input type="checkbox"/> FDP</td></tr><tr><td><input type="checkbox"/> Hospital:</td><td><input type="checkbox"/> Public</td><td><input type="checkbox"/> Private</td><td><input type="checkbox"/> Nonprofit</td><td><input type="checkbox"/> For Profit</td><td colspan="3"></td><td></td></tr><tr><td><input type="checkbox"/> Nonprofit</td><td colspan="7"></td><td></td></tr><tr><td><input type="checkbox"/> Not-For-Profit</td><td colspan="7"></td><td></td></tr><tr><td><input type="checkbox"/> Other (Specify)</td><td colspan="7"></td><td></td></tr></table>						<input type="checkbox"/> For Profit:	<input type="checkbox"/> Large	<input type="checkbox"/> Small	<input type="checkbox"/> Disadvantaged	<input type="checkbox"/> 8a	<input type="checkbox"/> Women-Owned	<input type="checkbox"/> Foreign	<input type="checkbox"/> Individual	<input type="checkbox"/> Educational:	<input type="checkbox"/> HBCU	<input type="checkbox"/> Minority Institution	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Indian Tribal	<input type="checkbox"/> State	<input type="checkbox"/> Private	<input type="checkbox"/> Foreign	<input type="checkbox"/> FDP	<input type="checkbox"/> Hospital:	<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> For Profit					<input type="checkbox"/> Nonprofit									<input type="checkbox"/> Not-For-Profit									<input type="checkbox"/> Other (Specify)								
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15. Check appropriate box(es) if this proposal includes any of the items listed below: <table border="0"><tr><td><input type="checkbox"/> Human Subjects</td><td><input type="checkbox"/> Recombinant DNA</td></tr><tr><td><input type="checkbox"/> Vertebrate Animals</td><td><input type="checkbox"/> Genetically Engineered Organisms</td></tr><tr><td><input type="checkbox"/> National Environment Policy Act</td><td><input type="checkbox"/> Limited Rights Data</td></tr><tr><td><input type="checkbox"/> Disclosure of Lobbying Activities</td><td><input type="checkbox"/> Unlimited Rights</td></tr><tr><td><input type="checkbox"/> Historical Places</td><td><input type="checkbox"/> Govt Purpose Rights Data</td></tr><tr><td><input type="checkbox"/> GFE <input type="checkbox"/> GFD</td><td><input type="checkbox"/> Proprietary Data</td></tr><tr><td><input type="checkbox"/> GFI <input type="checkbox"/> GFP</td><td><input type="checkbox"/> Ozone Depleting Substances</td></tr></table>			<input type="checkbox"/> Human Subjects	<input type="checkbox"/> Recombinant DNA	<input type="checkbox"/> Vertebrate Animals	<input type="checkbox"/> Genetically Engineered Organisms	<input type="checkbox"/> National Environment Policy Act	<input type="checkbox"/> Limited Rights Data	<input type="checkbox"/> Disclosure of Lobbying Activities	<input type="checkbox"/> Unlimited Rights	<input type="checkbox"/> Historical Places	<input type="checkbox"/> Govt Purpose Rights Data	<input type="checkbox"/> GFE <input type="checkbox"/> GFD	<input type="checkbox"/> Proprietary Data	<input type="checkbox"/> GFI <input type="checkbox"/> GFP	<input type="checkbox"/> Ozone Depleting Substances	16. Proposed Amount:		19. Type of Award Proposed: <input type="checkbox"/> Single Investigator <input type="checkbox"/> Young Investigator Program <input type="checkbox"/> Short Term Innovation Rsch <input type="checkbox"/> Research Instrumentation <input type="checkbox"/> Conference/Symposia <input type="checkbox"/> Other (Specify):																																							
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17. Proposed Duration (1-60 mos):																																																										
			18. Proposed Start Date:																																																							
20. Title of Proposed Project:																																																										
21. Principal Investigator (PI)/Project Director (PD) Department and Postal Address:				22. Year PI's degree conferred																																																						
				23. Scientific discipline of PI's degree																																																						
TYPED NAMES		TELEPHONE NUMBER	FACSIMILE NUMBER	ELECTRONIC MAIL ADDRESS																																																						
24. PI/PD																																																										
25. CO-PI/PD																																																										
26 a. Primary Administrative representative Authorized to Conduct Negotiations:																																																										
26 b. Alternate Administrative Representative Authorized to Conduct Negotiations:																																																										
27 a. Authorized Representative Signing for Applicant Organization:			27 c. By signing and submitting this proposal, the Offeror is providing the certifications contained in this BAA.																																																							
27 b. Title:			27 d. Signature		Date:																																																					