

B.440 SBIR/STTR Information Form COMPLETED AT THE BOTTOM

Sunday, November 17, 2024 5:55 PM

B.440
SBIR.STTR

SBIR/STTR Information

OMB Number: 4040-0001
Expiration Date: 10/31/2019

* Agency to which you are applying (select only one)

☐ DOE ☒ HHS ☐ USDA ☐ Other: * SBC Control ID: (This 9 digit code is obtained from the Small Business Administration)

* Program Type (select only one)

☒ SBIR ☐ STTR
☐ Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

* Application Type (select only one)

☒ Phase I ☐ Phase II ☐ Fast-Track ☐ Direct Phase II ☐ Phase IIA ☐ Phase IIB
☐ Commercialization Readiness Program (See agency-specific instructions to determine application type participation)Phase I Letter of Intent Number: * Agency Topic/Subtopic:

Questions 1-7 must be completed by all SBIR and STTR Applicants:

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?
4	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award. <input type="text"/>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	* 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	* 1d. Is your small business a Faculty or Student-Owned entity?
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies: <input type="text"/>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies: <input type="text"/>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: The following applications require a Commercialization Plan: Phase I (DOE only), Phase II (all agencies), Phase III Fast-Track (all agencies). Include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: <input type="text" value="Description of how we will scale and market the product"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

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