

APPENDIX C: PROPOSAL COVER

(This Form Must be Completed and Submitted With Each Separately Fundable Section of a State's Proposal.)

Submitted to the Defense Experimental Program to Stimulate
Competitive Research (DEPSCoR), Fiscal Year 2006

1. THE PRINCIPAL INVESTIGATOR (only one name):

(Title) (First Name) (MI) (Last Name) (Area Code & Phone No.)

(Department/Division) Fax No.

(University) E-mail Address

(Street Address/P.O. Box)

(City) (State) (Zip Code)

CURRENT DoD CONTRACTOR OR GRANTEE? YES NO

If yes, give Agency, Technical Point of Contact, and Phone Number.

2. THE PROPOSAL:

(Title of Proposal Section - Please be brief and descriptive, use key words suitable for indexing and retrieval, and avoid acronyms and mathematical or scientific notation.)

Total Funds Requested From DoD Period-of-Performance (mm/dd/yy - mm/dd/yy) Your Institution's Proposal Number

Lead Reviewer: Agency Division/Directorate Technical Area/Program Officer
(check one)

BMDO _____
ARO _____
ONR _____
AFOSR _____

OTHER AGENCIES RECEIVING THIS REQUEST (e.g., NSF, DoE, NASA, or NIH).
Please identify Agency(ies) and give Name(s) and Phone Number(s) of Point(s) of Contact:

3. CERTIFICATIONS: By signing and submitting this proposal, the proposer is providing the certifications set forth at Appendix A to 32 CFR Part 25 regarding debarment, suspension, and other responsibility matters; Appendix C to 32 CFR Part 25 regarding drug free workplace requirements; and Appendix A to 32 CFR Part 28 regarding lobbying. The full text of these certifications may be found in Appendix D of this BAA.

4. MINORITY INSTITUTIONS: _____ Check here if the academic institution named above is qualified to be identified by the Department of Education as a minority institution (i.e., a historically Black college or university, Hispanic-serving institution, Tribal college or university, or other institution meeting statutorily-defined criteria for serving ethnic groups that are underrepresented in science and engineering). The Department of Education maintains a list of U.S. accredited postsecondary institutions that currently meet the statutory criteria for identification as minority institutions at the following web site: <http://www.ed.gov/offices/OCR/2000minorityinst.html>

5. CERTIFICATIONS BY OTHER UNIVERSITY OFFICIALS: Use this space for names, titles, and signatures of other officials approving the submission of this proposal (i.e., the Principal Investigator and Department Head, Dean or other officials). A separate sheet may be submitted if additional signatures are required.

We hereby certify that the above information is, to the best of our knowledge, correct.

_____	_____
(Principal Investigator)	(Date)
_____	_____
(Other Official)	(Date)

6. THE INSTITUTION:

SIGNATURE AND TYPED NAME AND ADDRESS OF UNIVERSITY OFFICIAL AUTHORIZED TO OBLIGATE CONTRACTUALLY:

_____	_____
(Signature - Please Use Blue Ink)	(Date)
_____	_____
(Title) (First Name) (MI) (Last Name) (Area Code & Phone No.)	
_____	_____
Legal Name of Grantee (University)	Fax No.
_____	_____
Street Address (P.O. Box Numbers Cannot Be Accepted)	E-mail Address
_____	_____
(City) (State) (Zip Code)	
Taxpayer Identification No. (TIN) _____	DUNS No. _____
Cage Code No. _____	