

Face Page

TITLE OF PROPOSED RESEARCH: _____

1. CATALOG OF FEDERAL DOMESTIC ASSISTANCE #: _____

2. CONGRESSIONAL DISTRICT:
Applicant Organization's District: _____
Project Site's District: _____

3. I.R.S. ENTITY IDENTIFICATION OR SSN: _____

4. AREA OF RESEARCH OR ANNOUNCEMENT TITLE/#: _____

5. HAS THIS RESEARCH PROPOSAL BEEN SUBMITTED
TO ANY OTHER FEDERAL AGENCY?
Yes _____ No _____

PLEASE LIST: _____

6. DOE/OER PROGRAM STAFF CONTACT (if known): _____

7. TYPE OF APPLICATION:
New _____ Renewal _____
Continuation _____ Revision _____
Supplement _____

15. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR
NAME, TITLE, ADDRESS, AND PHONE NUMBER

SIGNATURE OF PRINCIPAL INVESTIGATOR/
PROGRAM DIRECTOR _____
Date _____

PI/PD ASSURANCE: I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this submission. Willful provision of false information is a criminal offense. (U.S. Code, Title 18, Section 1001).

NOTICE FOR HANDLING PROPOSALS

This submission is to be used only for DOE evaluation purposes and this notice shall be affixed to any reproduction or abstract thereof. All Government and non-Government personnel handling this submission shall exercise extreme care to ensure that the information contained herein is not duplicated, used, or disclosed in whole or in part for any purpose other than evaluation without written permission except that if an award is made based on this submission, the terms of the award shall control disclosure and use. This notice does not limit the Government's right to use information contained in the submission if it is obtainable from another source without restriction. This is a Government notice, and shall not itself be construed to impose any liability upon the Government or Government personnel for any disclosure or use of data contained in this submission.

PRIVACY ACT STATEMENT

If applicable, you are requested, in accordance with 5 U.S.C., Sec. 562A, to voluntarily provide your Social Security Number (SSN). However, you will not be denied any right, benefit, or privilege provided by law because of a refusal to disclose your SSN. We request your SSN to aid in accurate identification, referral and review of applications for research/training support for efficient management of Office of Energy Research grant/contract programs.

8. ORGANIZATION TYPE:

Local Govt. _____ State Govt. _____
Non-Profit _____ Hospital _____
Indian Tribal Govt. _____ Individual _____
Other _____ Inst. of Higher Educ. _____
For-Profit _____
Small Business _____ Disadvan. Business _____
Women-Owned _____ 8(a) _____

9. CURRENT DOE AWARD # (IF APPLICABLE): _____

10. WILL THIS RESEARCH INVOLVE:

10A Human Subjects No _____ If yes, _____
Exemption No. _____ or _____
IRB Approval Date _____
Assurance of Compliance No: _____
10B Vertebrate Animals No _____ If yes, _____
IACUC Approval Date _____
Animal Welfare Assurance No: _____

11. AMOUNT REQUESTED FROM DOE FOR ENTIRE
PROJECT PERIOD \$ _____

12. DURATION OF ENTIRE PROJECT PERIOD:
_____ to _____
Mo/day/yr. Mo/day/yr.

13. REQUESTED AWARD START DATE
_____ (Mo/day/yr.)

14. IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
Yes (attach an explanation) _____ No _____

16. ORGANIZATION'S NAME, ADDRESS AND CERTIFYING
REPRESENTATIVE'S NAME, TITLE, AND PHONE NUMBER

SIGNATURE OF ORGANIZATION'S CERTIFYING
REPRESENTATIVE _____
Date _____

CERTIFICATION & ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with DOE terms and conditions if an award is made as the result of this submission. A willfully false certification is a criminal offense. (U.S. Code, Title 18, Section 1001).