

Face Page

TITLE OF PROPOSED RESEARCH: \_\_\_\_\_

1. CATALOG OF FEDERAL DOMESTIC ASSISTANCE #: \_\_\_\_\_  
81.049

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

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 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).

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).

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