

FORM A

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION
OFFICE OF LIFE & MICROGRAVITY SCIENCES & APPLICATIONS
MICROGRAVITY RESEARCH DIVISION

LEAVE BLANK

SOLICITED PROPOSAL APPLICATION
PLEASE FOLLOW INSTRUCTIONS CAREFULLY

NUMBER

REVIEW GROUP

DATE RECEIVED

1. COMPLETE TITLE OF PROJECT

2. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR *(First, middle, and last name; degrees; position title)*

3. COMPLETE MAILING ADDRESS

*Department
Institution
Street
City, state, zip code*

4. TELEPHONE NUMBER
(area code, number, extension)

FAX NUMBER
E-MAIL ADDRESS

5. CONGRESSIONAL DISTRICT

6. SOCIAL SECURITY #

7. IS THIS PROPOSAL NEW RENEWAL REVISED

8. HAS THIS PROPOSAL (OR SIMILAR REQUEST) BEEN SUBMITTED TO NASA OR ANY OTHER AGENCY?
 No Yes IF YES, SPECIFY AGENCY AND YEAR SUBMITTED:

9. HUMAN SUBJECTS

9a. No Yes

9b. EXEMPTION # OR IRB APPROVAL DATE _____

9c. Assurance of Compliance # _____

10. VERTEBRATE ANIMALS

10a. No Yes

10b. ACUC Approval Date _____

10c. PHS Animal Welfare Assurance # _____

11. DATES OF ENTIRE PROPOSED PROJECT PERIOD

From:
Through:

12. COSTS REQUESTED FOR FIRST 12-MONTH BUDGET PERIOD

12a. Direct Costs
\$ _____

12b. Total Costs
\$ _____

13. COSTS REQUESTED FOR ENTIRE PROPOSED PROJECT PERIOD

13a. Direct Costs
\$ _____

13b. Total Costs
\$ _____

14. APPLICANT ORGANIZATION *(Organization Name)*

15. TYPE OF ORGANIZATION

Non Profit For Profit *(General)* For Profit *(Small Business)* Public, Specify: Federal State Local

16. ORGANIZATION OFFICIAL TO BE NOTIFIED IF AN AWARD IS MADE *(Name, title, address and telephone number)*

17. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION *(Name, title, and telephone number)*

18. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE:

I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application. Willful provision of false information is a criminal offense (U.S. Code, Title 18, Section 1001).

SIGNATURE OF PERSON NAMED IN 2

(In ink "Per" signature not acceptable.)

DATE

19. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with NASA terms and conditions if a grant is awarded as the result of this application. A willful false certification is a criminal offense (U.S. Code, Title 18, Section 1001).

SIGNATURE OF PERSON NAMED IN 17

(In ink "Per" signature not acceptable.)

DATE

FORM B

PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR: _____

DETAILED BUDGET FOR 12-MONTH BUDGET PERIOD DIRECT COSTS ONLY		FROM	THROUGH
Duplicate this form for each year of grant support requested		DOLLAR AMOUNT REQUESTS <i>(Omit cents)</i>	
PERSONNEL <i>(Applicant Organization Only)</i>		EFFORT ON PROJECT	FRINGE BENEFITS
NAME	ROLE IN PROJECT	SALARY	TOTALS
	Principal Investigator		
SUBTOTALS →			
CONSULTANT COSTS			
EQUIPMENT <i>(Itemize, use additional sheet if needed)</i>			
SUPPLIES <i>(Itemize by category, use additional sheet if needed)</i>			
TRAVEL	DOMESTIC		
	FOREIGN		
OTHER EXPENSES <i>(Itemize by category, use additional sheet if needed)</i>			
TOTAL DIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD <i>(Item 12a, Form A)</i>		\$	
INDIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD		\$	
TOTAL COSTS FOR FIRST 12-MONTH BUDGET PERIOD <i>(Item 12b, Form A)</i>		\$	

FORM C

PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR: _____

BUDGET FOR ENTIRE PROJECT PERIOD DIRECT COSTS ONLY

BUDGET CATEGORY TOTALS	1st BUDGET PERIOD	ADDITIONAL YEARS OF SUPPORT REQUESTED		
		2nd	3rd	4th
PERSONNEL (Salary and Fringe Benefits) (Applicant organization only)				
CONSULTANT COSTS				
EQUIPMENT				
SUPPLIES				
TRAVEL	DOMESTIC			
	FOREIGN			
OTHER EXPENSES				
TOTAL DIRECT COSTS FOR EACH BUDGET PERIOD	\$	\$	\$	\$
TOTAL INDIRECT COSTS FOR EACH BUDGET PERIOD	\$	\$	\$	\$
TOTAL DIRECT + INDIRECT COSTS FOR EACH PERIOD	\$	\$	\$	\$
TOTAL DIRECT + INDIRECT COSTS FOR ENTIRE PROJECT				\$

JUSTIFICATION FOR UNUSUAL EXPENSES (Detail Justification in Cost Section of Proposal)

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations, published in the January 31, 1989 Federal Register, require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Sections 85.615 and 85.620).

I. GRANTEES OTHER THAN INDIVIDUALS

- A. The grantee certifies that it will provide a drug-free workplace by:
(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
(b) Establishing a drug-free awareness program to inform employees about --
(1)The dangers of drug abuse in the workplace;
(2)The grantees policy of maintaining a drug-free workplace;
(3)Any available drug counseling, rehabilitation, and employee assistance programs; and
(4)The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
(1)Abide by the terms of the statement; and
(2)Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
(e) Notifying the agency within ten days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction;
(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted --
(1)Taking appropriate personnel action against such an employee, up to and including termination; or
(2)Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or Local health, Law enforcement, or other appropriate agency;
(g)Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
B. The grantee shall insert in the space provided below the site(s) for the performance or work done in connection with the specific grant: Place of Performance (Street address, city, county, state, zip code)

Check ____ if there are workplaces on file that are not identified here.

II. GRANTEES WHO ARE INDIVIDUALS

The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in conducting any activity with the grant.

Organization Name AO or NRA Number and Title

Printed Name and Title of Authorized Representative

Signature Date

Printed Principal Investigator Name Proposal Title

FORM E

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities. The regulations were published as Part VII of the May 28, 1988 Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the U.S. Department of Education, Grants and Contracts Service, 400 Maryland Avenue, SW (Room 3633 GSA Regional Office Building No. 3), Washington, DC 20202-4725, telephone (202) 732-2505.

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph A.(b) of this certification; and
- (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

C. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lowered Tier Covered Transactions (Subgrants or Subcontracts)

- (a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principles is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department of agency.
- (b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

AO or NRA Number and Title

Printed Name and Title of Authorized Representative

Signature

Date

Printed Principal Investigator Name

Proposal Title

FORM F

CERTIFICATION REGARDING LOBBYING

As required by S 1352 Title 31 of the U.S. Code for persons entering into a grant or cooperative agreement over \$100,000, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, in connection with making of any Federal grant, the entering into of any cooperative, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting an officer or employee of any agency, Member of Congress, an or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts), and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by S1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

AO or NRA Number and name

Printed Name and Title of Authorized Representative

Signature

Date

Printed Principal Investigator Name

Proposal Title

NASA Research Announcement (NRA) Mailing List Update

This is the form to update information for the NASA Office of Life & Microgravity Sciences & Applications (OLMSA) NRA mailing list. Please fill out **CONTACT INFORMATION** completely. Check only those that apply in **INSTITUTION TYPE** and **PROGRAM AREAS/DISCIPLINES**. Fold the form, secure with tape (do not staple), and mail it back to the address on the reverse side. Proper postage must be applied.

~~Mailings will be sent to you electronically via E-Mail or World Wide Web to the following addresses:~~

Check one:

- | | |
|---|---|
| <input type="checkbox"/> 1. Please add my name to the mailing list. | <input type="checkbox"/> 3. Please change my current listing (please attach mailing label). |
| <input type="checkbox"/> 2. Please remove my name from the mailing list (please attach mailing label). | <input type="checkbox"/> 4. Please leave my current listing unchanged (please attach mailing label). |

Contact Information	
If your address has changed or your mailing label is incorrect, please provide COMPLETE contact information.	
Prefix: (Mr., Mrs., Ms., Dr., Prof., etc.)	Suffix: (M.D., Ph.D., Jr., III, etc.)
Name, First:	Last:
Position Title:	
Mail Code, Loc:	
Office, Dept, Div:	
Agency/Ctr,	
Street or PO Box:	
City:	State:
Zip Code:	Country:
Telephone No:	Fax No:
Internet/E-Mail:	

Institution Type

(check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> 1. College or University | <input type="checkbox"/> 4. NASA Center | <input type="checkbox"/> 7. Small Business |
| <input type="checkbox"/> 2. Minority College or University | <input type="checkbox"/> 5. Other Government Agency | <input type="checkbox"/> 8. Private Industry |
| <input type="checkbox"/> 3. Minority Business | <input type="checkbox"/> 6. Nonprofit Corporation | <input type="checkbox"/> 9. Foreign Addressee |

Program Areas/Disciplines

(check main area of interest)

- | | |
|---|--|
| <input type="checkbox"/> 1. Life Sciences
<input type="checkbox"/> A. Advanced Life Support
<input type="checkbox"/> B. Advanced Technology Development
<input type="checkbox"/> C. Data Analysis
<input type="checkbox"/> D. Environmental Health | <input type="checkbox"/> 2. Microgravity Sciences
<input type="checkbox"/> A. Biotechnology
<input type="checkbox"/> B. Combustion Science
<input type="checkbox"/> C. Fluid Physics
<input type="checkbox"/> D. Fundamental Physics
<input type="checkbox"/> E. Materials Science |
|---|--|
- Please send me notifications of announcements via E-Mail only.