

NOAA SBIR Cover Page

NOFO No.:

Closing Date:

Name of Submitting Firm:

Address of Firm (including Zip Code +4):

Title of Proposed Project:

Requested Amount:

Proposed Duration:

Selected Research Topic Area:

THE ABOVE ORGANIZATION CERTIFIES THAT:

- | | | |
|---|-----|----|
| 1. It is a small business firm as defined in this NOFO. | Yes | No |
| 2. The primary employment of the principal investigator will be with the firm at the time of award and during the conduct of the research. | Yes | No |
| 3. A minimum of _____ will be performed by this firm. | Yes | No |
| 4. Will all work on project be performed in the United States? | Yes | No |
| 5. Will all supplies, equipment and materials used, leased and/ or purchased in the U.S.? | Yes | No |
| 6. It will permit the government to disclose contact information of the corporate official of your concern, if your proposal does not result in an award, to appropriate local and State-level economic development organizations that may be interested in contacting you for further information. | Yes | No |
| 7. Will this project consist of Manufacturing-Related R&D? | Yes | No |
| 8. Will this project produce any Energy Efficiency or Renewable energy system R&D? | Yes | No |
| 9. It authorizes contact information and project title to be provided to the NIST Manufacturing Extension Partnership (MEP) Program after awards have been announced. | Yes | No |
| 10. This firm and/or Principal Investigator <input type="checkbox"/> has / <input type="checkbox"/> has not submitted proposals for essentially equivalent work under other federal program NOFOs, or <input type="checkbox"/> has / <input type="checkbox"/> has not received other federal awards for essentially equivalent work. | | |
| 11. The applicant and/or any of its principals <input type="checkbox"/> are / <input type="checkbox"/> are not presently debarred, suspended, proposed for debarment, or declared ineligible for procurement and nonprocurement transactions (FAR subpart 9.4 or 2 C.F.R. Part 180) by any Federal agency; and <input type="checkbox"/> have / <input type="checkbox"/> have not within a three-year period preceding this application, been convicted of 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 Federal, state or local government contract or subcontract or financial assistance award; violation of Federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, | | |

falsification or destruction of records, making false statements, tax evasion, or receiving stolen property; and are / are not presently indicted for, or otherwise criminally or civilly charged by a Government entity with, commission of any of these offenses.

12. It is a veteran-owned small business concern. Yes No
 12a. It is a service-disabled veteran-owned small business concern. Yes No

13. It is a HUBZone small business concern listed, on the date of this representation, on the List of Qualified HUBZone Small Business Concerns maintained by the Small Business Administration, and no material change in ownership and control, principal office of ownership or HUBZone employee percentage has occurred since it was certified by the Small Business Administration in accordance with 13 CFR Part 126. Yes No

14. Does this application include subcontracts, or other cost or no cost collaborations with Federal Laboratories or any Federal Agencies? If yes, insert the names of the Federal Laboratories/Agencies. Yes No

15. Is your small business majority owned by Venture Capital operating companies, Hedge Funds, or Private Equity Funds? Yes No

16. The company has completed the Fraud, Waste, and Abuse training available on <http://techpartnerships.noaa.gov/SBIR.aspx> and attached the completed certification page. Yes No

PRINCIPAL INVESTIGATOR

Name: Title: Day Telephone No.:

Signature & Date: Email: Address:

CORPORATE OFFICIAL (BUSINESS)

Name: Title: Day Telephone No.:

Signature & Date: Email: Address:

OTHER INFORMATION

Year Firm Founded Number of Employees: Avg. Previous 12 mos. Currently

Has a proposal for essentially equivalent work been submitted to another agency? Yes No
 If yes, what Agency?

Is your company registered in SAM? Yes No

Taxpayer Identification Number:

Unique Entity ID (UEI):

PROPRIETARY NOTICE

This proposal contains information that shall not be disclosed outside the Federal Government and shall not be duplicated, used, or disclosed in whole or in part for any purpose other than evaluation of this proposal, unless otherwise authorized by law. If an award is made to this applicant as a result of or in connection with the submission of this proposal, the Government shall have the right to duplicate, use, or disclose the proprietary information to the extent provided in the resulting award and pursuant to applicable law. This restriction does not limit the Government's right to use information contained in the proposal if it is obtained from another source without restriction. The information subject to this restriction is contained on pages _____ of this proposal.