

**SOLICITED PROPOSAL APPLICATION FOR THE NASA OBPR
MICROGRAVITY RESEARCH DIVISION**
IN RESPONSE TO ANNOUNCEMENT AO 00-OBPR-01
PLEASE FOLLOW INSTRUCTIONS CAREFULLY

LEAVE BLANK

1. COMPLETE TITLE OF PROJECT		
2. PRINCIPAL INVESTIGATOR (First, middle, and last name; degrees; position)		
3. COMPLETE MAILING ADDRESS Internal Mail Code or Location Office or Organization Division Agency/Center, Company, or Institution Street or P.O. Box City, State Zip Code		
4. TELEPHONE NUMBER (area code, number, extension)	5. CONGRESSIONAL DISTRICT (U.S. ONLY)	
FAX NUMBER E-MAIL ADDRESS	6. SOCIAL SECURITY # (U.S. ONLY)	
7. THIS PROPOSAL IS: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> REVISED		
8. HAS THIS PROPOSAL (OR SIMILAR REQUEST) BEEN SUBMITTED TO ANY OTHER AGENCY? <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, SPECIFY AGENCY AND YEAR SUBMITTED:		
9. CO-INVESTIGATORS (First, middle, and last name; degrees)		10. CO-INVESTIGATOR'S ORGANIZATION
11. DATES OF ENTIRE PROPOSED PROJECT PERIOD From: For years of Through: support (4 yr. Max.)	12. PROPOSED COST FOR EACH YEAR 12a. Year 1 12b. Year 2 12c. Year 3 12d. Year 4	13. COSTS REQUESTED FOR ENTIRE PROPOSED PROJECT PERIOD
14. APPLICANT ORGANIZATION (Organization Name)		
15. TYPE OF ORGANIZATION (U.S. ONLY) <input type="checkbox"/> Non Profit <input type="checkbox"/> For Profit (General) <input type="checkbox"/> For Profit (Small Business) <input type="checkbox"/> Public, Specify: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> 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.) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> DATE
19. CERTIFICATION AND ACCEPTANCE: By submitting the proposal identified in this Cover Sheet/Proposal Summary in response to AO 00-OBPR-01, the Authorizing Official of the proposing institution (or the individual proposer if there is no proposing institution): 1) certifies that the statements made in this proposal are true and complete to the best of his/her knowledge; 2) agrees to accept the obligations to comply with the sponsoring agency award terms and conditions if an award is made as a result of this proposal; and 3) if the applicant organization is an entity of the United States of America, confirms compliance with all provisions, rules, and stipulations set forth in the three Certifications contained in this AO [namely, i) Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Cover Transactions, ii) Certification Regarding Lobbying, and iii) Certification of Compliance with the NASA Regulations Pursuant to Nondiscrimination in Federally Assisted Programs]. Willful provision of false information in this proposal and/or its supporting documents, or in reports required under an ensuing award, is a criminal offense (U.S. Code, Title 18, Section 1001).		SIGNATURE OF PERSON NAMED IN 19 (or person named in 2, if there is no proposing institution) (In ink; "Per" signature not acceptable.) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> DATE

FORM A**PROPOSAL APPLICATION**

IN RESPONSE TO THE INTERNATIONAL ANNOUNCEMENT OF OPPORTUNITY
FOR MICROGRAVITY RESEARCH

PLEASE FOLLOW INSTRUCTIONS CAREFULLY

LEAVE BLANK

NUMBER

REVIEW GROUP

DATE RECEIVED

1. COMPLETE TITLE OF PROJECT

2. PRINCIPAL INVESTIGATOR/TEAM COORDINATOR (*First, middle, and last name; position*)

3. COMPLETE MAILING

ADDRESS

Internal Mail Code or Location

Office or Organization Division

Agency/Center, Company, or Institution

Street or P.O. Box

City, State Zip Code

COUNTRY

4. TELEPHONE NUMBER

(COUNTRY area code, number)

FAX NUMBER

E-MAIL ADDRESS

5. TEAM MEMBERS/ CO-INVESTIGATORS (*First, middle, and last name*)

6. INSTITUTION

FORM B

PROPOSAL EXECUTIVE SUMMARY

Principal Investigator/

Team Coordinator:

Co-Investigators/

Team Members:

Proposal Title:

Executive Summary

Prepare a brief description of the proposal stating the objectives and specific aims of the proposed work.

Describe the research design and methods for achieving these objectives and aims. This summary is meant to serve as a description of the proposed work independent of the proposal. Limit the summary to two pages or less.

Complete Title of Project:

The signatories agree to accept responsibility for the scientific conduct of the project, within the roles and contributions described in this proposal.

Principal Investigator / Team coordinator:

Signature:..... Date.....

Co-Investigator(s) / Team member(s):

Signature:..... Date.....

Co-Investigator(s) / Team member(s):

Signature:..... Date.....

Co-Investigator(s) / Team member(s):

Signature:..... Date.....

Co-Investigator(s) / Team member(s):

Signature:..... Date.....

Co-Investigator(s) / Team member(s):

Signature:..... Date.....

Co-Investigator(s) / Team member(s):

Signature:..... Date.....

FORM D

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel.
Photocopy this page or follow this format for each person.

NAME	POSITION TITLE

EDUCATION/TRAINING

INSTITUTION(S) AND LOCATION	DEGREE(S) (if applicable)	YEAR(S)	FIELD(S) OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

FORM E

OTHER SUPPORT

On a separate page, please provide information regarding specific sources of other support for the principal investigator and each co-investigator (not consultants). The information should be provided separately for each individual in the format shown below. Please list all active support for an individual before listing pending support. Include the label "Form E" and the principal investigator's name at the top of each page and number pages consecutively.

NAME OF INDIVIDUAL			
<u>ACTIVE/PENDING</u>			
Project Number (Principal Investigator)	Dates of Approved/Proposed Project	Percent Effort	
Source	Annual Costs		
Title of Project (<i>or Subproject</i>)			
One sentence description of project goals. (The major goals of this project are...)			
Brief description of potential scientific or commitment overlap with respect to this individual between this application and projects described above(<i>summarized for each individual</i>).			

FORM F

PRINCIPAL INVESTIGATOR/TEAM COORDINATOR: _____

DETAILED BUDGET FOR 12-MONTH BUDGET PERIOD DIRECT COSTS ONLY		FROM		THROUGH	
Duplicate this form for each year of grant support requested					
PERSONNEL <i>(Applicant Organization Only)</i>		FUNDING AMOUNT REQUESTED			
NAME	ROLE IN PROJECT	EFFORT ON PROJECT	SALARY	FRINGE BENEFITS	TOTALS
	Principal Investigator/Team Coordinator				
SUBTOTALS →					
SUBCONTRACTS					
CONSULTANT COSTS					
EQUIPMENT <i>(Itemize, use additional sheet if needed)</i>					
SUPPLIES <i>(Itemize by category, use additional sheet if needed)</i>					
TRAVEL	DOMESTIC				
	NON-DOMESTIC				
OTHER EXPENSES <i>(Itemize by category, use additional sheet if needed)</i>					
TOTAL DIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD					
INDIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD					
TOTAL COST FOR FIRST 12-MONTH BUDGET PERIOD					

FORM G

PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR: _____

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

FORM H

DISTRIBUTION LIST

Participating Agency through which the author or coordinator of a proposal submits the proposal to the IAO.

This agency will be responsible for checking the compliance of the proposal to the IAO guidelines and putting it into the evaluation process.

ASI

CNES

CSA

DLR

ESA

NASA

NASDA

In addition, the principal investigator/ team coordinator and all Co-I's/team members must send a full copy of the proposal to their sponsoring authority.

EUROPEAN SPACE AGENCY

Dr. O. MINSTER

European Space Research and Technology Centre (ESTEC)

AUSTRIA

Mr. K. PSEINER

Austrian Space Agency

BELGIUM

Mr. J.W. BERNARD

Services Fédéraux des Affaires Scientifiques Techniques et Culturelles

CANADA

Dr. R. HERRING

Canadian Space Agency

DENMARK

Mrs. V. SCHRØDER

Ministry of Research

FINLAND

Mr. K. Ahola

Tekes Space Technology

FRANCE

Dr. Bernard Zappoli

Centre National d'Etudes Spatiales (CNES)

GERMANY

Dr. R. KUHL

DLR Bonn

IRELAND

Mr. T. McDonald
Enterprise Ireland

ITALY

Dr. J. SABBAGH
Agenzia Spaziale Italiana

JAPAN

Dr. M. Natsuisaka
National Space Development Agency of Japan (NASDA)

NORWAY

Mr. B. ANDERSEN
Norwegian Space Center

SPAIN

Mr. J.C. CORTÉS PULIDO
CDTI

SWEDEN

Dr. P. MAGNUSSEN
Swedish National Space Board

SWITZERLAND

Mr. J.-F. CONSCIENCE
Bundesamt für Bildung und Wissenschaft
Internationale Forschungsorganisationen

THE NETHERLANDS

Mr. DE GROOT
Space Research Organisation Netherlands

UNITED KINGDOM

Ms. Y. WINDSOR
British National Space Centre

UNITED STATES

Dr. B. CARPENTER
NASA

FORM I

CHECKLIST FOR PROPOSERS

This checklist should be annotated to indicate that the stated items have been included in the proposal package.

Principal Investigator/Team Coordinator:

☐ Form A: IAO Proposal Application

☐ Form B: Proposal Executive Summary

☐ Title Page

☐ Project Description

☐ Form C: Space-Flight Experiment Preliminary Description Form (if applicable)

☐ Management Approach

☐ Letter of Assurance of Foreign Support (if applicable)

☐ Form D: Biographical Sketches

☐ Form E: Other Support

☐ Facilities and Equipment Description

☐ Form F: Detailed 12 Month Budget (1st year of support)

☐ Form G: Summary Budget Form

☐ Form H: Distribution List

☐ Supporting Budgetary Information

☐ Appendices, if any

☐ 25 copies of all material listed above

Only one copy of the following needs to be submitted:

☐ 3.5 inch computer diskette

☐ Form I: This checklist indicates all applicable items have been enclosed.