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Department of Energy
Office of Science (SC)

OMB Control No.
1910-1400
(OMB Burden Disclosure Statement on Back)

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 _____

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 _____

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

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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