

AFOSR International Grant Application Package

SECTION 1. BASIC INFORMATION (SIGNED COVER SHEET)

Project Short Title:
(Limit to 80 characters)

Principal Investigator:
(First and Last Name)

Institution:
(Organization)

NCAGE Code:

DUNS Number:

Active SAM:

(NOTE: The NCAGE/DUNS/SAM registrations are described on our APAN website—see EOARD program pages. If these registrations are unknown or incomplete at time of application, leave these fields blank and see instructions on website to register/validate your institution as quickly as possible.)

Institution Name and Address:
(Should match registration in SAM)

Check Mailing Information (should a check need to be sent):
(Include name, email, telephone, and physical address)

Proposed Duration:
(In months)

Requested Funding:
(Total in US dollars)

Does proposed research involve either humans or animals as test subjects?

Humans

Animals

Does proposed research require use of facilities outside the institutions of PI/Co-PI?
(If so, please explain)

Yes

No

Submitted By:
(Name and title)

Signature:

Date:
(DD-MMM-YYYY)

NOTE: All items in RED are required.

AFOSR International Grant Application Package

SECTION 2. KEY PERSONNEL

PRINCIPAL INVESTIGATOR (REQUIRED):

Prefix: Last Name: First Name(s):

Institution:

Branch or Department:

Physical Street Address:

Email: Phone Number:

Home Page (if available):

CO-PRINCIPAL INVESTIGATOR (IF APPLICABLE):

Prefix: Last Name: First Name(s):

Institution:

Branch or Department:

Physical Street Address:

Email: Phone Number:

Home Page (if available):

QUALIFICATIONS FOR PROPOSED RESEARCH:

Please provide a short description of qualifications, capabilities, related experience, facilities or techniques, or a combination of these factors that are integral to achieving the proposed research objectives. (You may paste from white paper, if applicable.)

AFOSR International Grant Application Package

SECTION 3. PROPOSED BUDGET

Instructions: Please round all costs to the nearest dollar. For personnel costs, the associated months are the direct time commitments for which you determined labor costs. (For example, if you list PI labor costs as \$5000 for 0.5 months, then this means the rate for your PI cost computations is \$120,000/year) For non-personnel costs, provide a short description for costs in each category, and annotate the individual cost for any item in excess of \$5000. Note that AFOSR funds cannot be used for general resources (e.g., a laptop computer) that are not specific to the performance of the proposed project. An AFOSR Program Officer or Contracting Officer may request changes in proposed budget to comply with policy, meet budget constraints, or add travel support to visit AFRL facilities.

	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>	<u>YEAR 4</u>	<u>TOTAL</u>
PERSONNEL:					
PI Labor		Months	Months	Months	Months
Co-PI Labor		Months	Months	Months	Months
Post-Doc Associates		Months	Months	Months	Months
Graduate Students		Months	Months	Months	Months
Other Personnel		Months	Months	Months	Months
<i>(Description required)</i>					
OTHER COSTS:					
Equipment/Facilities					
<i>(Description required)</i>					
Materials/Supplies					
<i>(Description required)</i>					
Publication Costs					
<i>(Description required)</i>					
Travel Support					
<i>(Description required)</i>					
Other Direct Costs					
<i>(Description required)</i>					
Indirect/Overhead					
<i>(Description required)</i>					
TOTAL COSTS:					

AFOSR International Grant Application Package

SECTION 4. PROPOSED RESEARCH SUMMARY

Instructions: Please provide a condensed overview of the proposed research, as requested below. This information will aid the evaluation and communication of your proposed research. Technical details of your proposal are included as a separate supplement (see next section).

PROJECT FULL TITLE:

OBJECTIVE: Briefly describe the overall objective(s) of the proposed research. What do you hope to accomplish? (Paste/update from white paper, if applicable.)

SUMMARY OF APPROACH: Briefly describe how you plan to accomplish the research objectives. (Paste/update from white paper, if applicable.)

POTENTIAL IMPACT: Briefly describe why the research is important and novel. How does it address scientific gaps or opportunities? (Paste/update from white paper, if applicable.)

RELEVANT REFERENCES: Please list up to three references that provide additional background or comparison, as necessary. (Generally, these should be within last few years.)

- 1)
- 2)
- 3)

AFOSR International Grant Application Package

SECTION 5. ATTACHMENTS

Please check the boxes below to identify those attachments included in this application package. If your version of Adobe allows, you can add the attachments directly to the application package. Otherwise, please submit as separate files with your application.

Technical Proposal

Include technical proposal as attachment (required). Typical proposals are 3-5 pages with relevant background, tasks, figures, and references. It should be clear what you are aiming to accomplish and how it will fit in the broader body of advancing science.

Application Signature Page

Please print the first page of this application, then sign and scan, and include as attachment so that a signed submission is on record.

Certifications Regarding Restrictions on Lobbying

This form is required for all proposals in excess of \$100,000, per US Government policy. The standard form is attached on the following page. Please complete the form, print and sign, then scan and attach if your proposal exceeds \$100,000.

PI/Co-PI Curriculum Vitae or Biographical Sketch

A CV or short biography from investigators is welcome, although not required.

Electronic Funds Transfer Form

Please have your institution complete attached banking form to set up electronic payments, if possible. (If such payments are not feasible, or there are issues during payment processing, we can mail a check to the mailing address you provided on page 1.)

CERTIFICATIONS REGARDING RESTRICTIONS ON LOBBYING

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification requirement under 32 CFR Part 28, "Certification Regarding Lobbying". The certification shall be treated as a material representation of fact upon which reliance will be placed when the Awarding Agency determines to award the covered transaction, grant, or cooperative agreement.

LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The following certification applies only to actions exceeding \$100,000:

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. 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, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

The 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 section 1352, 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.

As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

PRINTED NAME, TITLE, AND SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE
NAME OF APPLICANT	RESEARCH TITLE	
PROPOSAL NUMBER: AFOSR International (Direct Submission)		
PRINCIPAL INVESTIGATOR:		

FOREIGN VENDOR PAYMENT INFORMATION (WIRE TRANSFER/CHECK)

VENDOR REMITTANCE INFORMATION **DATE:** _____

Dear Vendor: due to different banking requirements of various countries, we request your assistance in ensuring your payments are received in a timely manner. The information requested below will benefit all concerned by having your payments deposited to your bank account as expeditiously as possible.

_____ INITIAL SUBMISSION (FOR THIS PROJECT) _____ UPDATED VENDOR INFORMATION

VENDOR NAME (DUNS _____ / NCAGE _____): _____

VENDOR PHYSICAL ADDRESS: _____

(Note: Physical address, DUNS, _____

& NCAGE must match SAM.gov.) _____

VENDOR BUSINESS OFFICE POINT OF CONTACT (FOR INDIVIDUAL SIGNING BELOW)

NAME: _____

TELEPHONE NUMBER: _____

POSITION TITLE: _____

DESCRIPTIVE TITLE OF PROJECT: _____

U.S. FUNDING AGENCY: _____

PAYMENT METHOD: WIRE TRANSFER VIA ITS.GOV PAPER CHECK

IS VENDOR'S BANK PART OF THE SWIFT NETWORK (<http://www.swift.com>)? IF SO, PLEASE PROVIDE BANKING INFORMATION BELOW. IF NOT, A CHECK WILL BE ISSUED, WHICH MAY ADD UP TO 6 WEEKS OF DELAY TO RECEIVING PAYMENTS.

BANK NAME: _____

ACCOUNT HOLDER (IF OTHER THAN VENDOR): _____

SWIFT BANK IDENTIFICATION CODE (BIC): _____

INTERNATIONAL BANK ACCOUNT NUMBER (IBAN): _____

OTHER BANKING INFORMATION (OPTIONAL): _____

SIGNATURE OF BUSINESS OFFICE POINT OF CONTACT: _____

Please update this information as soon as possible if any of the banking information changes. Your attention to this matter will help us to continue to provide you with the customer service you deserve and reduce the possibility of delayed payments. Please scan and email this form to whoever provided it, or fax to 614-701-2667 (dialing to United States).

Reginald Bossie, Accounts Payables Director, DFAS Limestone

US GOVERNMENT USE ONLY: INVOICE CONTROL NUMBER (ICN): _____