SC EPSCoR

Proposal COVER SHEET

SC EPSCoR SOLICITATION NAME AND NUMB	DATE SUBMITTED					
Scientific Advocate Network (SAN) Solicitation 8-2019						
NAME OF INSTITUTION/ORGANIZATION OF PI		MAILING ADDRESS OF INSTITUTION/ORGANIZATION				
INSTITUTION/ORGANIZATION EMPLOYER IDENTIFICATION NUMBER (EIN)						
TITLE OF PROPOSED PROJECT						
Type I: Engaging URM Undergradurate Students in MADE in SC Research Type III: Support of Scientific Conferences, Symposia and Meetings						
Type II: Recruiting a Diverse Group of Graduate Students Type IV: Other Specific Approaches to Broadening Participation in STEM						
REQUESTED AMOUNT	PROPOSED D (1-12 MONTH			DATE		
CHECK APPROPRIATE BOX(ES) IF ANY OF TI	│ HE ITEMS LIST	ED BELOW W	ILL BE INCLUDED IN	SC EPSCoR FUNDING		
PROPRIETARY AND PRIVILEDGED INFO	RMATION					
VERTEBRATE ANIMALS						
HUMAN SUBJECTS						
HAZARDOUS MATERIALS INCLUDING R	EGULATED BIO	DLOGICAL MAT	TERIALS AND/OR			
RADIOACTIVE AND/OR OTHER REGULA	TED CHEMICA	LS/MATERIALS	3			
INTERNATIONAL COOPERATIVE ACTIVITIES: COUNTRY/COUNTRIES INVOLVED						
NAME	HIGHEST DEGREE	DEGREE YEAR	PHONE NUMBER	EMAIL ADDRESS		
PI						
CO-PI						
CO-PI						
PI DEPARTMENT		PI MAILING ADDRESS				

CERTIFICATION PAGE

CERTIFICATION FOR PRINCIPAL INVESTIGATORS: I certify to the best of my knowledge that:

- 1. The statements herein (excluding scientific hypotheses and scientific opinions) are true and complete; and
- 2. The text and graphics herein as well as any accompanying publications or other documents, unless otherwise indicated, are theoriginal work of the signatories or individuals working under their supervision. I agree to accept responsibility for the scientific conductof the project and to provide the required project reports if an award is made as a result of this proposal. I understand that the willfulprovision of false information or concealing a material fact in this proposal or any other communication submitted is a criminal offense (U.S.Code, Title 18, Section 1001). I also understand that typing my name in the Signature space constitutes a legal signature.

	SIGNATURE	DATE
PI		
CO-PI		
CO-PI		

CERTIFICATION FOR AUTHORIZED ORGANIZATIONAL/INSTITUTIONAL REPRESENTATIVE

It is understood that typing your name in the Signature space constitutes a legal signature and that by signing and submitting this proposal, the individual applicant or the authorized official of the applicant institution/organization certifies that:

- 1. The statements made herein are true and complete to the best of their knowledge;
- 2. It agrees to accept the award terms and conditions and should these terms not be met, to negotiate a fair and reasonable planto reimburse the South Carolina EPSCoR Program for expenditures incurred under the award;
- 3. The institution/organization or its principals are not presently disbarred, suspended, proposed for disbarment, declaredineligible, or voluntarily excluded from covered transactions by any Federal or State department or agency;
- 4. The institution/organization is not delinquent on any Federal or State debt;
- 5. The institution/organization operates as a drug-free workplace;
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the CivilRights Act of 1964 (P.L. 88-352, Title IX of the Education Amendments of 1972, as amended (20 U.S.C. § 1681-1683, and 1685-1686), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101-6107);
- 7. No funds will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer oremployee of any agency, a Member of Congress, an officer or employee of a Member of Congress in connection with theawarding of any Federal contract, grant, loan or cooperative agreement;
- 8. Submission of a complete proposal, including a signed Cover Sheet and Budget Page, signifies the applicant's agreement to release the proposal for external review.

ORGANIZATION REPRES	DATE	
TELEPHONE NUMBER	EMAIL ADDRESS	FAX NUMBER
TEEL HOME NOMBER	EMAL ADDICES	TAX NOMBER