

SC EPSCoR/IDeA

COVER SHEET FOR PROPOSAL

SC EPSCoR/IDeA SOLICITATION NAME AND NUMBER Stimulus Research Program, Number 4-2017		DATE SUBMITTED		
NAME OF INSTITUTION/ORGANIZATION OF PI		ADDRESS OF INSTITUTION/ORGANIZATION, INCLUDING ZIP CODE		
INSTITUTION/ORGANIZATION EMPLOYER IDENTIFICATION NUMBER (EIN)				
TITLE OF PROPOSED PROJECT				
REQUESTED AMOUNT \$	PROPOSED DURATION (1-24 MONTHS) Months	REQUESTED STARTING DATE		
CHECK APPROPRIATE BOX(ES) IF ANY OF THE ITEMS LISTED BELOW WILL BE INCLUDED IN SC EPSCOR/IDEA FUNDING				
<input type="checkbox"/> PROPRIETARY & PRIVILEGED INFORMATION				
<input type="checkbox"/> VERTEBRATE ANIMALS				
<input type="checkbox"/> HUMAN SUBJECTS				
<input type="checkbox"/> HAZARDOUS MATERIALS INCLUDING REGULATED BIOLOGICAL MATERIALS AND/OR RADIOACTIVE AND/OR OTHER REGULATED CHEMICALS/MATERIALS				
<input type="checkbox"/> INTERNATIONAL COOPERATIVE ACTIVITIES: COUNTRY/COUNTRIES INVOLVED _____				
NAME	HIGHEST DEGREE	DEGREE YEAR	TELEPHONE NUMBER	EMAIL ADDRESS
PI				
Co-PI				
Co-PI				
Co-PI				
Co-PI				
Co-PI				
PI DEPARTMENT		PI MAILING ADDRESS		

CERTIFICATION PAGE

Certification for Principal Investigators and Co-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 the original work of the signatories or individuals working under their supervision. I agree to accept responsibility for the scientific conduct of the project and to provide the required project reports if an award is made as a result of this proposal. I understand that the willful provision 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).

Name (Typed)	Signature	Date
PI		
Co-PI		
Co-PI		
Co-PI		
Co-PI		
Co-PI		

Certification for Authorized Organizational/Institutional Representative

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 plan to reimburse the South Carolina EPSCoR/IDeA Program for expenditures incurred under the award;
- (3) The institution/organization or its principals are not presently disbarred, suspended, proposed for disbarment, declared ineligible, 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 Civil Rights 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 or employee of any agency, a Member of Congress, an officer or employee of a Member of Congress in connection with the awarding 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.

Name of Organization Representative (Typed)	Signature	Date
Telephone Number	Email Address	FAX NUMBER