SC-CAPS

Proposal COVER

SC EPSCoR SOLICITATION NAME AND NUMBER:	DATE SUBMITTED
Equipment Development Program (EDP) *Solicitation 10-EDP2026*	

NAME OF INSTITUTION/ORGANIZATION OF PI	MAILING ADDRESS OF INSTITUTION/ORGANIZATION

INSTITUTION/ORGANIZATION EMPLOYER IDENTIFICATION NUMBER (EIN)

TITLE OF PROPOSED PROJECT

REQUESTED AMOUNT	PROPOSED DURATION (1- 6 MONTHS)	REQUESTED START DATE

NAME	HIGHEST DEGREE	DEGREE YEAR	PHONE NUMBER	EMAIL ADDRESS
PI				
CO-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 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). **I also understand that typing my name in the Signature space constitutes a legal signature.**

	SIGNATURE	DATE
PI		
CO-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 plan to reimburse the SC-CAPS 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 of1964 (P.L. 88-352, Title IX of the Education Amendments of 1972, as amended (20 U.S.C. § 1681-1683, and1685-1686), 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.

ORGANIZATION REPRESENTATIVE SIGNATURE		DATE
TELEPHONE NUMBER	**EMAIL ADDRESS**	**FAX NUMBER**