

NIST-1262
 (REV. 11-2003)
 DAO 203-26

U.S. DEPARTMENT OF COMMERCE
 NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

(FOR ATP USE ONLY)

SINGLE COMPANY ADVANCED TECHNOLOGY PROGRAM (ATP) PROPOSAL COVER SHEET

(CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 11.612)

Public reporting burden for this collection of information is estimated to average thirty (30) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, National Institute of Standards and Technology, 100 Bureau Drive, Stop 4700, Administration Building, Room A333, Gaithersburg, Maryland 20899-4700.

1. COMPETITION NUMBER	2. EMPLOYER IDENTIFICATION NUMBER (EIN)	3. DUN AND BRADSTREET NUMBER	4. PROJECT DURATION YEARS MONTHS
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5. LEGAL NAME, ADDRESS, AND WEBSITE OF SUBMITTING ORGANIZATION	6. NAME OF PRINCIPAL INVESTIGATOR AT SUBMITTING ORGANIZATION (Address required, if different than Item 5) TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:
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7. NAME OF BUSINESS MANAGER AT SUBMITTING ORGANIZATION (Address required, if different than Item 5) TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:	8. NAME OF GRANT/CONTRACT MANAGER AT SUBMITTING ORGANIZATION (Address required, if different than Item 5) TELEPHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:
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9. ORGANIZATION TYPE (Mark one in column 1 and any that apply in column 2.)

<input type="checkbox"/> PROFIT—SMALL BUSINESS	<input type="checkbox"/> PUBLIC COMPANY (Ticker symbol _____)
<input type="checkbox"/> PROFIT—MEDIUM BUSINESS	<input type="checkbox"/> FOREIGN-OWNED, U.S.-LOCATED COMPANY
<input type="checkbox"/> PROFIT—LARGE BUSINESS	

10. SOURCES OF FUNDS	YEAR 1	YEAR 2	YEAR 3	TOTAL
A. ATP (Direct costs only)	\$	\$	\$	\$
B. PROPOSER	\$	\$	\$	\$
C. TOTAL (A + B)	\$	\$	\$	\$

11. PROPOSAL TITLE

12. NONPROPRIETARY PROPOSAL ABSTRACT

13. CERTIFICATION: BY SIGNING THIS PROPOSAL COVER SHEET, I CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ALL INFORMATION IN THIS PROPOSAL IS TRUE AND CORRECT AND THAT THE FOLLOWING QUESTIONS HAVE BEEN TRUTHFULLY ANSWERED:

	YES	NO
A. IS THIS PROPOSAL REQUESTING FUNDING FOR EXISTING OR PLANNED RESEARCH PROJECTS THAT WOULD BE CONDUCTED IN THE SAME TIME PERIOD IN THE ABSENCE OF FINANCIAL ASSISTANCE UNDER ATP?	<input type="checkbox"/>	<input type="checkbox"/>
B. IS THE COMPANY DELINQUENT ON ANY FEDERAL DEBT? (If yes, explain in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>
C. WAS THIS PROPOSAL OR A VERY SIMILAR PROPOSAL SUBMITTED TO ANOTHER FEDERAL AGENCY? (If yes, explain in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>
D. DOES THE PROPOSED R&D INVOLVE THE USE OF HUMAN SUBJECTS, AND/OR HUMAN TISSUE, AND/OR HUMAN CELL LINES? [If yes, explain in item 14, and indicate whether the research plan has been reviewed and approved by an Institutional Review Board (IRB).]	<input type="checkbox"/>	<input type="checkbox"/>
E. DOES THE PROPOSED R&D INVOLVE THE USE OF LIVE VERTEBRATE ANIMALS? (If yes, explain in item 14, and indicate whether the research plan has been reviewed and approved by an Animal Care and Use Committee.)	<input type="checkbox"/>	<input type="checkbox"/>
F. DOES THE COMPANY HAVE A PARENT COMPANY OUTSIDE THE UNITED STATES? (If yes, identify the parent company, its ultimate parent company, and the place of incorporation of parent company in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>
G. IS THE COMPANY MAJORITY OWNED BY NON-U.S.CITIZENS? (If yes, explain in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>
H. IS THE COMPANY SUBJECT TO CONTROL BY NON-U.S. CITIZENS? (If yes, explain in item 14.)	<input type="checkbox"/>	<input type="checkbox"/>

14. REMARKS (Continue on a separate sheet if necessary.)

15. DESCRIBE BRIEFLY WHY FEDERAL ASSISTANCE IS NEEDED TO EMBARK ON THIS PROPOSED PROJECT. ALSO, DESCRIBE WHAT EFFORTS WERE MADE PRIOR TO APPLYING FOR ATP FUNDING TO SECURE PRIVATE CAPITAL TO SUPPORT THIS PROJECT WHOLLY. NOTE: PROVIDING A GENERAL STATEMENT INDICATING THE UNAVAILABILITY OF PRIVATE CAPITAL IS UNACCEPTABLE.

16. AUTHORIZED COMPANY REPRESENTATIVE (Type name and title.)

17. TELEPHONE NUMBER

18. SIGNATURE

19. DATE

ESTIMATED MULTI-YEAR BUDGET—SINGLE COMPANY

	YEAR 1	YEAR 2	YEAR 3	TOTAL
1. OBJECT CLASS CATEGORY				
A. Personnel salaries/wages	\$	\$	\$	\$
B. Fringe benefits				
C. Travel				
D. Equipment				
E. Materials/supplies				
F. Subcontracts				
G. Other				
H. Total direct costs (lines A thru G)				
I. Total direct costs requested from ATP				
J. Total direct costs shared by proposer (if any)	\$	\$	\$	\$
K. Total indirect costs absorbed by proposer	\$	\$	\$	\$
L. Total costs (lines H + K)	\$	\$	\$	\$
2. SOURCES OF FUNDS				
A. ATP (same as line I)	\$	\$	\$	\$
B.				
C.				
D.				
E. Total sources of funds (same as line L)	\$	\$	\$	\$
3. TASKS				
A.	\$	\$	\$	\$
B.				
C.				
D.				
E.				
F.				
G.				
H.				
I.				
J.				
K. Total costs of all tasks (same as line L)	\$	\$	\$	\$

SUBCONTRACTS

1. NAME AND ADDRESS OF SUBCONTRACTOR

NAME OF CONTACT:
 TELEPHONE NUMBER:
 FAX NUMBER:
 E-MAIL ADDRESS:

2. ORGANIZATION TYPE (Mark one in column 1 and any that apply in column 2)

- | | |
|---|--|
| <input type="checkbox"/> PROFIT—SMALL BUSINESS | <input type="checkbox"/> PUBLIC COMPANY
(Ticker symbol _____) |
| <input type="checkbox"/> PROFIT—MEDIUM BUSINESS | |
| <input type="checkbox"/> PROFIT—LARGE BUSINESS | <input type="checkbox"/> FOREIGN-OWNED,
U.S.-LOCATED COMPANY |
| <input type="checkbox"/> NONPROFIT ORGANIZATION | |
| <input type="checkbox"/> UNIVERSITY | <input type="checkbox"/> FOREIGN-LOCATED
ORGANIZATION |
| <input type="checkbox"/> GOVERNMENT LABORATORY | |

3. ESTIMATED AMOUNT OF SUBCONTRACT

4. DESCRIBE SCOPE OF WORK AND IDENTIFY WHICH TASK OR TASKS IN R&D PLAN REQUIRE SUBCONTRACTOR'S INVOLVEMENT.

5. IS THIS A SOLE-SOURCE SUBCONTRACT?

- NO YES (If yes, explain why this subcontractor is the only one that can perform the work and the nature of its unique capability/experience.)

6. DOES THE SUBCONTRACTOR HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBMITTING ORGANIZATION?

- NO YES (If yes, briefly explain what type and how much.)

7. DOES THE SUBMITTING ORGANIZATION HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBCONTRACTOR?

- NO YES (If yes, briefly explain what type and how much.)

1. NAME AND ADDRESS OF SUBCONTRACTOR

NAME OF CONTACT:
 TELEPHONE NUMBER:
 FAX NUMBER:
 E-MAIL ADDRESS:

2. ORGANIZATION TYPE (Mark one in column 1 and any that apply in column 2)

- | | |
|---|--|
| <input type="checkbox"/> PROFIT—SMALL BUSINESS | <input type="checkbox"/> PUBLIC COMPANY
(Ticker symbol _____) |
| <input type="checkbox"/> PROFIT—MEDIUM BUSINESS | |
| <input type="checkbox"/> PROFIT—LARGE BUSINESS | <input type="checkbox"/> FOREIGN-OWNED,
U.S.-LOCATED COMPANY |
| <input type="checkbox"/> NONPROFIT ORGANIZATION | |
| <input type="checkbox"/> UNIVERSITY | <input type="checkbox"/> FOREIGN-LOCATED
ORGANIZATION |
| <input type="checkbox"/> GOVERNMENT LABORATORY | |

3. ESTIMATED AMOUNT OF SUBCONTRACT

4. DESCRIBE SCOPE OF WORK AND IDENTIFY WHICH TASK OR TASKS IN R&D PLAN REQUIRE SUBCONTRACTOR'S INVOLVEMENT.

5. IS THIS A SOLE-SOURCE SUBCONTRACT?

- NO YES (If yes, explain why this subcontractor is the only one that can perform the work and the nature of its unique capability/experience.)

6. DOES THE SUBCONTRACTOR HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBMITTING ORGANIZATION?

- NO YES (If yes, briefly explain what type and how much.)

7. DOES THE SUBMITTING ORGANIZATION HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBCONTRACTOR?

- NO YES (If yes, briefly explain what type and how much.)

**INSTRUCTIONS FOR COMPLETION OF FORM NIST-1262 (PAGES 1 & 2):
SINGLE-COMPANY ADVANCED TECHNOLOGY PROGRAM PROPOSAL COVER SHEET**

This form must be completed in its entirety and submitted with each single-company proposal. The authorized company representative who signs the form must have delegated fiduciary authority. By signing this form, the company representative certifies the company's commitment to pay all indirect costs and, if included as additional cost share, any direct costs; verifies the certification statements on the form; and attests to the accuracy of the proposal. The signature also signifies that the company representative has coordinated with top management within his/her own company about their commitment to the proposed project. Additionally, by signing the form, the company representative acknowledges that the proposal is being submitted with the agreement that ATP may use nongovernment reviewers if necessary. (Such reviewers are screened to eliminate conflicts of interest and are required to sign nondisclosure agreements.)

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to, a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. The reason for collecting this information is for NIST to be able to perform the appropriate technical and business reviews of an ATP proposal. The information obtained will assist in determining eligibility for federal financial assistance. Responses to the collection of information are required to be considered for an ATP award. In accordance with the ATP legislation, information that is obtained by ATP or other Department of Commerce offices on a confidential basis about business operations and trade secrets possessed by any company will be protected by the government and shall be exempt from disclosure under the Freedom of Information Act.

1. Enter the competition number as stated in the Federal Register notice.
2. Enter your employer identification number (EIN). To obtain an EIN, see <http://www.atp.nist.gov/atp/helpful.htm>, or call 1-866-816-2065.
3. Enter your Dun and Bradstreet (D&B) number. To obtain a D&B number, see <http://www.dnbmdd.com/mddi>.
4. Enter the duration of the proposed work in years and months. NOTE: The maximum duration allowed for a single company is 3 years.
5. Enter the legal name, street address, city, two-letter state abbreviation, ZIP code, and website of the organization submitting the proposal. (DO NOT USE A POST OFFICE BOX.)
6. Enter the name, telephone number, fax number, and e-mail address of the Principal Investigator at the submitting organization who is responsible for the technical aspects of the proposal. Include the mailing address if it differs from that of the submitting organization.
7. Enter the name, telephone number, fax number, and e-mail address of the business manager at the submitting organization who is responsible for business matters. Include the mailing address if it differs from that of the submitting organization.
8. Enter the name, telephone number, fax number, and e-mail address of the grant/contract manager at the submitting organization who is responsible for contract/grant administrative matters. Include the mailing address if it differs from that of the submitting organization.
9. Check all boxes that apply to identify the type of organization.
- 10.A. In each column, enter the total amount requested from ATP for each year, and enter the total in the last column. NOTE: The maximum amount of ATP funding to a single company is \$2 million; ATP funds may only be used to fund direct costs.
- 10.B. In each column, enter the proposer's total cost sharing for each year, and enter the total in the last column. NOTE: Large companies must cost share at least 60 percent of the yearly total project costs (direct plus all of the indirect costs). Small and medium-sized companies must pay for all of their indirect costs and may elect to pay part of the direct costs.

- 10.C. In each column, enter the total for each year of the project, and enter the entire project total in the last column.
11. Enter the title of the proposal (90-character limit).
12. Enter a NONPROPRIETARY abstract of the proposed work. As part of the abstract, include a statement of the technical problem addressed in the proposal. This abstract may be used as the basis for a publicly distributed abstract should the proposal be selected for an award.
- 13.A. through 13.H. Answer each question by marking an "x" in the appropriate box.
 - A. Self-explanatory.
 - B. If the company is delinquent on any federal debt, including debt to the Internal Revenue Service (IRS), provide in item 14 the amount of the debt, the name of the federal agency to which the debt is owed, how old the debt is, the circumstances surrounding the establishment of the debt, and why the debt has not been paid.
 - C. If this proposal or a similar proposal was submitted to another federal agency, provide in item 14 the name of the federal agency, the date the proposal was sent to that federal agency, the name of the financial assistance program under which the proposal was submitted, the amount of federal funding requested, and the name and phone number of the agency contact person.
 - D. If the proposed R&D involves the use of human subjects, and/or human tissue, and/or human cell lines, explain in item 14 and indicate whether the research plan has been reviewed and approved by an Institutional Review Board (IRB). For further guidance, refer to the ATP Booklet Advanced Technology Program Guidelines and Documentation Requirements for Research Involving Human and Animal Subjects, available at http://www.atp.nist.gov/atp/kit-04/has_guide/contents.htm.
 - E. If the proposed R&D involves the use of live vertebrate animals, explain in item 14 and indicate whether the research plan has been reviewed and approved by an Institutional Animal Care and Use Committee (IACUC).
 - F. If a company has a parent company outside the United States, identify the parent company and its place of incorporation in item 14. This includes LLCs where the ownership by foreign companies is 50 percent or more.
 - G. If a company is majority owned by individuals who are not citizens of the United States, explain in item 14.
 - H. If a company is subject to control by individuals who are not citizens of the United States, explain in item 14.
14. Provide any explanations to answers given in item 13 and any other remarks you wish to offer.
15. Describe briefly why your project needs ATP funding to embark on this project. Why is private capital not available or not possible? What efforts were made to secure internal R&D funding as well as external private capital? Be specific. Providing a general statement indicating the unavailability of private funding is unacceptable.
16. Enter the name and title of the authorized company representative submitting the proposal.
17. Enter the telephone number of the authorized company representative submitting the proposal.
18. The authorized company representative submitting the proposal must sign this form.
19. Enter the date the form is signed.

**INSTRUCTIONS FOR COMPLETION OF FORM NIST-1262 (PAGE 3):
ESTIMATED MULTI-YEAR BUDGET—SINGLE COMPANY**

Every item must be completed and reflect estimated costs for each year of the proposed project. Include a TOTAL budget, which consolidates all of the project years' costs.

1. OBJECT CLASS CATEGORY. List in each column the costs (rounded to the nearest whole dollar) associated with each object class category for each year of the proposed project. Enter the totals of the three columns in the last column.
 - A. Personnel Salaries/Wages—Enter the total salaries of full- and part-time personnel, excluding fringe benefits.
 - B. Personnel Fringe Benefits—Enter the total fringe benefits (vacation, sick leave, and military leave; health and life insurance; retirement, social security, etc.) associated with the personnel.
 - C. Travel—Enter the costs for transportation, including airfare, taxis, lodging, subsistence, and so forth.
 - D. Equipment—Enter the costs for general items of equipment. NOTE: ATP funds may not be used for construction of new buildings or extensive renovations of existing laboratory buildings. ATP funds may, however, be used for construction of experimental research and development facilities to be located within a new or existing building provided that the equipment or facilities are essential for carrying out the proposed scientific and technical project. Costs must be prorated if equipment or facilities will not be 100 percent dedicated to the ATP project during the project period.
 - E. Materials/Supplies—Enter the costs for expendable materials and supplies.
 - F. Subcontracts—Enter the costs for subcontracts. NOTE: Single companies may not subcontract to another part of the same company or to another company with identical ownership. Subcontractors, excluding those that provide goods and services, who receive more than \$500,000 each are subject to the same audit requirements as the recipient. The cost of the subcontractor's audit should be included in the subcontracts category.
 - G. Other—Enter the costs for any other direct costs that do not fit into the direct categories above. The cost of the project audit should also be included in this category unless it is part of the indirect costs or to be performed by a cognizant federal audit agency. Audits must be performed in accordance with the NIST Program-Specific Audit Guidelines for ATP Cooperative Agreements With Single Companies (<http://www.atp.nist.gov/atp/psag-co.htm>). For nonprofit organizations subject to OMB Circular A-133, Audits of States, Local Government, and Non-Profit Organizations (<http://www.atp.nist.gov/helpful.htm>), the annual Circular A-133 audit is deemed to meet the ATP audit requirement. Audits must be conducted by an external auditor (CPA or a cognizant federal audit agency). For awards less than 24 months, an audit is required at the end of the project; for 2- and 3-year awards, an audit is required after the first year and at the end of the project. If a recipient has never received 56 Exhibits federal funding from any federal agency, a certification will be required from a CPA to determine whether the recipient has a functioning financial management system that meets the provisions of 15 C.F.R. § 14.21. The CPA costs may be included in this category unless they are part of the indirect costs.
 - H. Total Direct Costs—Enter total direct costs.

- I. Total Direct Costs Requested From ATP—Enter the amount of direct costs requested from ATP.
- J. Total Direct Costs Shared by Proposer—Enter direct costs, if any, to be shared by the proposer.
- K. Total Indirect Costs Absorbed by Proposer—Enter the total indirect costs to be charged to the proposed project. An indirect cost is any cost not directly identified with a single, final cost objective but identified with two or more final cost objectives or an intermediate cost objective. After direct costs have been determined and charged directly to the project or other work, indirect costs are those remaining to be allocated to the several cost objectives. Because of the diverse characteristics and accounting practices, it is not possible to specify the types of costs that may be classified as indirect costs in all situations. However, typical examples of indirect costs for many organizations include general administration, such as the salaries and expenses of executive officers; rent; utilities; personnel administration; maintenance; library expenses; and accounting. ATP shall interpret indirect costs in accordance with applicable federal cost principles.
- L. Total Costs—Enter the total costs for the proposed R&D project.

2. SOURCES OF FUNDS

- A.–D. List in the left-most column all sources of support (ATP first), and enter associated costs in the appropriate columns. Examples of non ATP sources of funds include company, state/local government, etc. Enter the totals of the rows in the last column.
- E. Total Sources of Funds—Enter the total sources of funds in each column for each year (12-month period) of activity.

3. TASKS

- A.–J. List in the left-most column all of the proposed tasks, and enter the associated costs in the appropriate rows. Enter the totals of the rows in the last column. Tasks should be a high-level aggregation of subtasks that have costs that can be easily updated as a group on an annual basis. ATP does not prescribe the appropriate number of tasks. If you have more tasks than the lines provide, make additional copies of this sheet to show the additional tasks. Task names and amounts must correspond with those in the Gantt chart in the R&D plan discussion.
- K. Total Costs of All Tasks—Enter the total costs of all of the tasks in each of the columns for each year of activity.

**INSTRUCTIONS FOR COMPLETION OF FORM NIST-1262 (PAGE 4):
SUBCONTRACTS**

This form must be submitted with each proposal to identify each subcontract. This form may be duplicated, as necessary, if there are additional subcontractors.

1. Enter the name, street address, city, two-letter state abbreviation, and ZIP code of the subcontractor. Also enter the name, telephone number, fax number, and e-mail address of the individual in the subcontractor organization to be contacted regarding technical aspects of the proposal. If the subcontractor's identity is still undetermined, enter "Undetermined."
2. Mark an "x" in the appropriate box or boxes that apply to the subcontractor.
3. Enter the estimated total subcontractor costs.
4. Briefly describe the scope of work to be performed by the subcontractor.
5. Mark an "x" in the appropriate box regarding whether the subcontractor will be selected on a sole-source basis. Subcontractors should be selected on a competitive basis. If "YES" is marked, that is, if a subcontractor is selected on a sole-source basis, provide a brief justification for selection on a noncompetitive basis. Explain why this subcontractor is the only one that can perform the work and the nature of its unique capability/experience.
6. If the subcontractor has any financial or other interest in the submitting organization, briefly explain what type and how much.
7. If the submitting organization has any financial or other interest in the subcontractor, briefly explain what type and how much.