
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

PROJECT OBJECTIVES

SOLICITATION NUMBER: _____ CONTRACT NUMBER: _____
(To be inserted by the Contracting Officer)

OFFEROR NAME AND ADDRESS:

OFFEROR PHONE NUMBER (with Area Code): _____

*DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT (i.e., Department Name):

*MAJOR SUBDIVISION (i.e., "Dental School," "Medical School," etc., or Major Component Code, if known):

RFP TITLE: _____

PRINCIPAL INVESTIGATOR: _____

SUMMARY OF OBJECTIVES:

INSTRUCTIONS: The information supplied on this form MUST meet the following requirements: The summary of objectives MUST fit in the space provided. The height of the letters must not be smaller than 10 point; Helvetica or Arial 12 point is the NIH-suggested font. Type density, including characters and spaces, must be no more than 15 characters per inch (cpi). For proportional spacing, the average for any representative section of text must not exceed 15 cpi. No more than 6 lines of type within a vertical inch. Margins, in all directions, must be at least ½ inch.

THIS FORM MUST BE PLACED BEHIND THE TITLE PAGE OF EACH COPY OF THE TECHNICAL PROPOSAL ALONG WITH THE "GOVERNMENT NOTICE FOR HANDLING PROPOSALS."

*The insertion of the DEPARTMENT, SERVICE, LABORATORY OR EQUIVALENT (i.e., the Department Name) and MAJOR SUBDIVISION (i.e. "Dental School," "Medical School," etc., or the Major Component Code, if known) is required ONLY for INSTITUTIONS OF HIGHER EDUCATION.