

# COVER SHEET FOR PROPOSAL TO THE KANSAS NATIONAL SCIENCE FOUNDATION EPSCoR

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| PROGRAM ANNOUNCEMENT/SOLICITATION NO./DUE DATE  |   | <input type="checkbox"/> Special Exception to Deadline Date Policy  |  | <b>FOR NSF USE ONLY</b>  |  |
|   |   |   |  | <b>NSF PROPOSAL NUMBER</b>   |  |
| FOR CONSIDERATION BY NSF ORGANIZATION UNIT(S) (Indicate the most specific unit known, i.e. program, division, etc.)         |   |   |  |  |  |
| <b>Kansas NSF EPSCoR</b>  |   |   |  |  |  |
| DATE RECEIVED   | NUMBER OF COPIES                          | DIVISION ASSIGNED   | FUND CODE  | DUNS# (Data Universal Numbering System)  | FILE LOCATION  |
|   |   |   |  |  |  |
| EMPLOYER IDENTIFICATION NUMBER (EIN) OR TAXPAYER IDENTIFICATION NUMBER (TIN)  |   | SHOW PREVIOUS AWARD NO. IF THIS IS<br><input type="checkbox"/> A RENEWAL<br><input type="checkbox"/> AN ACCOMPLISHMENT-BASED RENEWAL            |  | IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST ACRONYM(S) |  |
| NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE  |   |   | ADDRESS OF AWARDEE ORGANIZATION, INCLUDING 9 DIGIT ZIP CODE  |  |  |
| AWARDEE ORGANIZATION CODE (IF KNOWN)  |   |   |  |  |  |
| NAME OF PRIMARY PLACE OF PERF   |   |   | ADDRESS OF PRIMARY PLACE OF PERF, INCLUDING 9 DIGIT ZIP CODE |  |  |
| IS AWARDEE ORGANIZATION (Check All That Apply)<br>(See GPG II.C For Definitions)  |   |   | <input type="checkbox"/> SMALL BUSINESS                      | <input type="checkbox"/> MINORITY BUSINESS   | <input type="checkbox"/> IF THIS IS A PRELIMINARY PROPOSAL THEN CHECK HERE |
|   |   |   | <input type="checkbox"/> FOR-PROFIT ORGANIZATION             | <input type="checkbox"/> WOMAN-OWNED BUSINESS  |  |
| TITLE OF PROPOSED PROJECT   |   |   |  |  |  |
| REQUESTED AMOUNT<br>\$  | PROPOSED DURATION (1-60 MONTHS)<br>months | REQUESTED STARTING DATE   | SHOW RELATED PRELIMINARY PROPOSAL NO.<br>IF APPLICABLE       |  |  |
| THIS PROPOSAL INCLUDES ANY OF THE ITEMS LISTED BELOW  |   |   |  |  |  |
| <input type="checkbox"/> BEGINNING INVESTIGATOR (GPG I.G.2)   |   | <input type="checkbox"/> HUMAN SUBJECTS (GPG II.D.7) Human Subjects Assurance Number _____<br>Exemption Subsection _____ or IRB App. Date _____ |  |  |  |
| <input type="checkbox"/> DISCLOSURE OF LOBBYING ACTIVITIES (GPG II.C.1.e)   |   | <input type="checkbox"/> INTERNATIONAL ACTIVITIES: COUNTRY/COUNTRIES INVOLVED (GPG II.C.2.j)  |  |  |  |
| <input type="checkbox"/> PROPRIETARY & PRIVILEGED INFORMATION (GPG I.D, II.C.1.d)   |   | _____   |  |  |  |
| <input type="checkbox"/> HISTORIC PLACES (GPG II.C.2.j)   |   | <input type="checkbox"/> COLLABORATIVE STATUS   |  |  |  |
| <input type="checkbox"/> VERTEBRATE ANIMALS (GPG II.D.6) IACUC App. Date _____<br>PHS Animal Welfare Assurance Number _____ |   | _____   |  |  |  |
| <input type="checkbox"/> FUNDING MECHANISM <b>Research - other than RAPID or EAGER</b>                                      |   |   |  |  |  |
| PI/PD DEPARTMENT  |   | PI/PD POSTAL ADDRESS  |  |  |  |
| PI/PD FAX NUMBER  |   |   |  |  |  |
| NAMES (TYPED)   | High Degree                               | Yr of Degree  | Telephone Number   | Email Address  |  |
| PI/PD NAME  |   |   |  |  |  |
| CO-PI/PD  |   |   |  |  |  |
| CO-PI/PD  |   |   |  |  |  |
| CO-PI/PD  |   |   |  |  |  |
| CO-PI/PD  |   |   |  |  |  |

## CERTIFICATION PAGE

### Certification for Authorized Organizational Representative (or Equivalent) or Individual Applicant

By electronically signing and submitting this proposal, the Authorized Organizational Representative (AOR) or Individual Applicant is: (1) certifying that statements made herein are true and complete to the best of his/her knowledge; and (2) agreeing to accept the obligation to comply with NSF award terms and conditions if an award is made as a result of this application. Further, the applicant is hereby providing certifications regarding conflict of interest (when applicable), drug-free workplace, debarment and suspension, lobbying activities (see below), nondiscrimination, flood hazard insurance (when applicable), responsible conduct of research, organizational support, Federal tax obligations, unpaid Federal tax liability, and criminal convictions as set forth in the NSF Proposal & Award Policies & Procedures Guide, Part I: the Grant Proposal Guide (GPG). Willful provision of false information in this application and its supporting documents or in reports required under an ensuing award is a criminal offense (U.S. Code, Title 18, Section 1001).

### Certification Regarding Conflict of Interest

The AOR is required to complete certifications stating that the organization has implemented and is enforcing a written policy on conflicts of interest (COI), consistent with the provisions of AAG Chapter IV.A.; that, to the best of his/her knowledge, all financial disclosures required by the conflict of interest policy were made; and that conflicts of interest, if any, were, or prior to the organization's expenditure of any funds under the award, will be, satisfactorily managed, reduced or eliminated in accordance with the organization's conflict of interest policy. Conflicts that cannot be satisfactorily managed, reduced or eliminated and research that proceeds without the imposition of conditions or restrictions when a conflict of interest exists, must be disclosed to NSF via use of the Notifications and Requests Module in FastLane.

### Drug Free Work Place Certification

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent), is providing the Drug Free Work Place Certification contained in Exhibit II-3 of the Grant Proposal Guide.

### Debarment and Suspension Certification

(If answer "yes", please provide explanation.)

Is the organization or its principals presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency?

Yes

No

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent) or Individual Applicant is providing the Debarment and Suspension Certification contained in Exhibit II-4 of the Grant Proposal Guide.

### Certification Regarding Lobbying

This certification is required for an award of a Federal contract, grant, or cooperative agreement exceeding \$100,000 and for an award of a Federal loan or a commitment providing for the United States to insure or guarantee a loan exceeding \$150,000.

### Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or 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 Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid 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 Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Certification Regarding Nondiscrimination

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent) is providing the Certification Regarding Nondiscrimination contained in Exhibit II-6 of the Grant Proposal Guide.

### Certification Regarding Flood Hazard Insurance

Two sections of the National Flood Insurance Act of 1968 (42 USC §4012a and §4106) bar Federal agencies from giving financial assistance for acquisition or construction purposes in any area identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards unless the:

- (1) community in which that area is located participates in the national flood insurance program; and
- (2) building (and any related equipment) is covered by adequate flood insurance.

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent) or Individual Applicant located in FEMA-designated special flood hazard areas is certifying that adequate flood insurance has been or will be obtained in the following situations:

- (1) for NSF grants for the construction of a building or facility, regardless of the dollar amount of the grant; and
- (2) for other NSF grants when more than \$25,000 has been budgeted in the proposal for repair, alteration or improvement (construction) of a building or facility.

### Certification Regarding Responsible Conduct of Research (RCR)

**(This certification is not applicable to proposals for conferences, symposia, and workshops.)**

By electronically signing the Certification Pages, the Authorized Organizational Representative is certifying that, in accordance with the NSF Proposal & Award Policies & Procedures Guide, Part II, Award & Administration Guide (AAG) Chapter IV.B., the institution has a plan in place to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students and postdoctoral researchers who will be supported by NSF to conduct research. The AOR shall require that the language of this certification be included in any award documents for all subawards at all tiers.

## CERTIFICATION PAGE - CONTINUED

### **Certification Regarding Organizational Support**

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent) is certifying that there is organizational support for the proposal as required by Section 526 of the America COMPETES Reauthorization Act of 2010. This support extends to the portion of the proposal developed to satisfy the Broader Impacts Review Criterion as well as the Intellectual Merit Review Criterion, and any additional review criteria specified in the solicitation. Organizational support will be made available, as described in the proposal, in order to address the broader impacts and intellectual merit activities to be undertaken.

### **Certification Regarding Federal Tax Obligations**

When the proposal exceeds \$5,000,000, the Authorized Organizational Representative (or equivalent) is required to complete the following certification regarding Federal tax obligations. By electronically signing the Certification pages, the Authorized Organizational Representative is certifying that, to the best of their knowledge and belief, the proposing organization:

- (1) has filed all Federal tax returns required during the three years preceding this certification;
- (2) has not been convicted of a criminal offense under the Internal Revenue Code of 1986; and
- (3) has not, more than 90 days prior to this certification, been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

### **Certification Regarding Unpaid Federal Tax Liability**

When the proposing organization is a corporation, the Authorized Organizational Representative (or equivalent) is required to complete the following certification regarding Federal Tax Liability:

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent) is certifying that the corporation has no unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

### **Certification Regarding Criminal Convictions**

When the proposing organization is a corporation, the Authorized Organizational Representative (or equivalent) is required to complete the following certification regarding Criminal Convictions:

By electronically signing the Certification Pages, the Authorized Organizational Representative (or equivalent) is certifying that the corporation has not been convicted of a felony criminal violation under any Federal law within the 24 months preceding the date on which the certification is signed.

### **Certification Dual Use Research of Concern**

By electronically signing the certification pages, the Authorized Organizational Representative is certifying that the organization will be or is in compliance with all aspects of the United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern.

|  |               |                      |      |
|--|---------------|----------------------|------|
| AUTHORIZED ORGANIZATIONAL REPRESENTATIVE |               | SIGNATURE (REQUIRED) | DATE |
| NAME                                     |               |                      |      |
| TELEPHONE NUMBER                         | EMAIL ADDRESS | FAX NUMBER           |      |
|  |               |                      |      |