|  |
| --- |
| **Application to National Institute of Standards and Technology (NIST) Small Business Innovation Research (SBIR) Fast-Track****2022-NIST-SBIR-ARP-01 (April 15, 2022)****Cover Sheet** |
| **Name & Address of Submitting Firm:** |  |
| **Project Title** |  |
| **Principal Investigator (PI) Name** |  | **PI Title** |  |
| **PI Phone #** |  | **PI E-mail** |  |
| **NIST may verify the following responses with information provided elsewhere in your application or by independent sources.** |
| **THE APPLICANT CERTIFIES THAT:** |
| 1. It is a small business concern (SBC) and meets the definition as stated in this Notice of FundingOpportunity (NOFO). | * Yes ☐ No
 |
| 2. The primary employment of the PI will be with the SBC at the time of award and during theconduct of research. | * Yes ☐ No
 |
| 3. A minimum of either two-thirds for Phase I or one-half for Phase II of the research will be performed by the SBC as determined by data provided in the Budget Narrative. See NOFOSection **1.03.01** for details on funding determination. | * Yes ☐ No
 |
| 4. The applicant and/or PI ☐ has / | * has not submitted applications for essentially equivalent work under other Federal program
 |
| FFOs and ☐ has / ☐ has not received other Federal awards for essentially equivalent work. If “has”, what agency? **Click here to enter text.**See NOFO Section 3.02.02(14) for additional details that must be provided. |
| 5. The applicant qualifies as a socially and economically disadvantaged SBC and meets thedefinition as stated in this NOFO. | * Yes ☐ No
 |
| 6. The applicant qualifies as a woman-owned SBC and meets the definition as stated in this NOFO. | * Yes ☐ No
 |
| 7. The applicant qualifies as a HUBZone-owned SBC and meets the SBA’s definition (see<http://www.sba.gov/hubzone>). | * Yes ☐ No
 |
| 8. Year SBC founded: | **Click here to enter text.** |
| 9. Number of Employees: | **Click here to enter text.** |
| **STATEMENTS:** |
| 10. The applicant will permit the Federal Government to disclose name, address, and telephone number of the corporate official of your concern, if your application does not result in an award, to appropriate local and State-level economic development organizations that may be interested in contacting you for further information. | * Yes ☐ No
 |
| 11. The applicant authorizes contact information and project title to be provided to the NIST Manufacturing Extension Partnership (MEP) after awards have been announced. If ‘Yes’ your contact information will be provided to NIST MEP. If so, you will be contacted by your local MEP to explore business-related support services that could benefit the potential of theproject you proposed. | * Yes ☐ No
 |
| Signature of Company Official and typed name, title, address,  telephone number, and date |  |
| Signature of Principal Investigator and typed name, title, address, telephone number, and date |  |
| **TECHNICAL ABSTRACT (limit to 200 words):** |
|  |
| **POTENTIAL COMMERCIAL APPLICATION OF THE RESEARCH: (limit to 100 words)** |
|  |
| **OTHER INFORMATION:** |
|  |

(1) NIST Program Area or NIST-Patented Technology Available for Licensing.

(2) Identification and Significance of the Problem or Opportunity.

(3) Phase I and II Technical Objectives and Preliminary Data.

(4) Phase I and II Work Plans.

(5) Related R/R&D.

(6) Key Individuals and Bibliography of Related Work.

(7) Relationship with Future R/R&D.

(8) Facilities and Equipment.

(9) Consultants, Contracts, and Subawards.

(10) Potential Commercial Application.

(11) Cooperative Research and Development Agreements (CRADA).

(12) Guest Researcher.

(13) Cost Sharing.

(14) Similar Applications or Awards.

(15) Prior SBIR Phase II Awards.