

National Science Foundation

NSF SBIR/STTR Administrative Questions

Please respond to these items, including signatures by the Principal Investigator (PI) and the Authorized Organizational Representative (AOR).

1. Please confirm that no NSF funds will be used towards tuition of any students (graduate or otherwise).

Affirm

2. Please confirm that the PI will be primarily employed (51% or more) by the company for the duration of the award.

Affirm

3. Are there tasks in the proposal that overlap those in any prior, current or pending company proposal/award? If there are overlapping proposals or awards, please give details of all such proposals or awards, as required by the solicitation.

Yes

No

4. Are there affiliated companies? If so, please explain any relationships between the small business and any affiliates.

Yes

No

5. Is there any family or academic relationships (e.g. student/advisor between company personnel, between company personnel and subaward personnel, if applicable, or between company personnel and consultants, if applicable)? If the answer is yes, please send a list of current and pending support with this form.

Yes

No

6. Has the current and pending support information for any person listed as a "senior person" in the project (or subaward) budget changed? If the answer is yes, please send a list of current and pending support with this form.

Yes

No

7. Please provide a list of addresses for all locations where significant research on this SBIR/STTR project will be performed, if awarded. Please note whether each of these facilities is owned by the small business, leased by the small business, or neither of the above. For any of the listed facilities not owned by the small business, please include with your email response lease documentation (if leased) or a signed letter from the facility owner or administrator granting access to the small business.

8. Please provide a list of all company officers and all significant owners (5% or more equity share). Please disclose current employers for each of these persons.

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The above information is true and complete, to the best of my knowledge.

a) Principal Investigator	Date
Signature: _____	_____
Printed Name: _____	

b) Authorized Organizational Representative	Date
Signature: _____	_____
Printed Name: _____	

NSF Proposal ID # _____

Instructions for submission:

If you have completed this form using Adobe Reader, please sign it electronically by typing your name in the signature block.

You may also print, sign, and scan the form and submit via email.