

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**SMALL BUSINESS INNOVATION RESEARCH PROGRAM**  
**PHASE I PROPOSAL COVER SHEET**

TOPIC NO.:

PROJECT TITLE:

FAST TRACK PROPOSAL:  YES  NOSUBMITTED BY (*Firm name, address, and telephone number*):

YEAR FIRM FOUNDED:

NO. OF EMPLOYEES (*Include all affiliations*):**NOTICE TO OFFERORS**

The offeror organization and the principal investigator are jointly responsible for the accuracy and validity of all the administrative, fiscal, and scientific information in the proposal. Deliberate withholding, falsification, or misrepresentation of information could result in a determination of non-responsibility [see Federal Acquisition Regulation (FAR) 9.104] which would preclude an award to the offeror. In addition, sanctions such as suspension, debarment, and criminal penalties could apply.

**YES NO****CERTIFICATIONS**

1. The above organization certifies that it is a small business concern as defined in this Solicitation.
2. The above organization also certifies that it is one or more of the following small business concerns as defined in FAR 2.101:  
 8(a)  HubZone  Service-Disabled Veteran-Owned  Small Disadvantaged Business  Woman-Owned
- \* Note: Capture of this information is strictly for statistical purposes.
3. The above organization certifies that, if this proposal results in a contract award, more than one-half of the principal investigator's time will be spent in the employ of the firm.
4. The above organization and / or principal investigator(s) have submitted contract proposals or grant applications for essentially equivalent work (as defined in this Solicitation) under other federal programs, or have received other federal awards containing a significant amount of essentially equivalent work. (If YES, include information required for "**Prior, Current, or Pending Support of Similar Proposals or Awards**" in Appendix C – Pricing Proposal, as described in the solicitation.)
5. If this proposal does not result in an award, is the Government permitted to disclose the title and abstract of your research project, and the name, address and telephone number of the corporate official of your firm, to organizations that may be interested in contacting you for further information or possible investment?
6. This proposed project involves human subjects. (See instructions in Solicitation.)  
Clinical Trial?  Yes  No  
Agency-Defined Phase III Clinical Trial?  Yes  No
7. This proposed project involves vertebrate animals. (See instructions in Solicitation.) If YES, identify by common names and circle primates.

**NOTICE OF PROPRIETARY INFORMATION**

The information identified by asterisks (\*) on pages \_\_\_\_\_ of this proposal constitutes trade secrets or information that is commercial or financial and confidential or privileged. It is furnished to the Government in confidence with the understanding that such information shall be used or disclosed only for evaluation of this proposal; provided that, if a contract is awarded as a result of or in connection with the submission of this proposal, the Government shall have the right to use or disclose information herein to the extent provided by law. This restriction does not limit the Government's right to use the information if it is obtained without restriction from another source.

PRINCIPAL INVESTIGATOR/PROJECT MANAGER	CORPORATE OFFICIAL
NAME:	NAME:
SIGNATURE:	SIGNATURE:
DATE:	DATE:
TITLE:	TITLE:
PHONE:	PHONE:
E-MAIL ADDRESS :	E-MAIL ADDRESS: