

## **DHS SBIR/STTR Proposal Coversheet Form Cover Sheet**

1. Department Name: Department of Homeland Security
2. Component/Agency Name: Science and Technology Directorate, Office of Innovation
3. OMB Control Number: 1640-New
4. Expiration Date: TBD (three years from approval date)
5. Agency Form Number: DHS FORM 10017 (5/07)
6. Name of Form: DHS SBIR/STTR Proposal Coversheet
7. Purpose of Form: Allow a member of the public to prepare a coversheet for a proposal he or she submits to the DHS SBIR/STTR Program Office for consideration.
8. How to submit: Submit online at [www.sbir.dhs.gov](http://www.sbir.dhs.gov) or mail to Department of Homeland Security, Science and Technology/Office of Innovation, SBIR Program, Room 8-050, 245 Murray Drive, Washington, DC, 20528.



**Download .PDF Version  
Create Proposal Cover Sheet**

**All Fields Marked With an "\*" Are Mandatory**

**\*Proposal Phase**

Phase I SBIR     
  Phase II SBIR     
  Phase II Fast Track SBIR

**\*Topic Selection**

Topic Test 1

**\*Proposal Title**

**Proposal Information**

\*Proposal Contains Proprietary Information

\*Requested Amount

\*Proposed Duration  (in number of months)

\*Requested Starting Date  (mm/dd/yyyy)

**Principal Investigator's Information**

\*First Name

Middle Initial

\*Last Name

\*Title

\*Address (Line 1)

Address (Line 2)

\*City

\*State

\*Zip Code

\*Phone Number (  ) -  -

\*Fax Number (  ) -  -

No Fax?

\*Email Address

**Has this proposal been submitted to other US Government agencies or their components?**

*(If yes, list the name(s) of the agency or component and topic number in the space provided below.)*

| Agency               | Topic Number         |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

**Is this project "Manufacturing-Related" ?**

*(Meaning relating to: (i) manufacturing processes, equipment and systems; or (ii) manufacturing workforce skills and protection as defined in Executive Order 13329.)*

**Are you working with a subcontractor?**

*(If yes, please select the option that best describes them.)*

**Company Point of Contact (For Business and Financial Matters)**

*(Your Company Point of Contact Information has been pre-filled; you may make changes as necessary.)*

\*First Name

Middle Initial

\*Last Name

\*Title

\*Phone Number (555) -555 -5555

\*Fax Number (555) -555 -5555

No Fax?

\*Email Address

**Research Institution Information**

Type

Name

Address (Line 1)

Address (Line 2)

City

State

Zip Code

POC's First Name

POC's Middle Initial

POC's Last Name

POC's Phone Number (  ) -  -

POC's Fax Number (  ) -  -

POC's Email Address

**Please Answer the Following Questions**

- \*1. Is your company a small business as defined in the current solicitation?  Yes  No
- \*2. Will any foreign nationals, as defined in the solicitation, be involved on this project?  Yes  No
- \*3. Will the Principal Investigator (PI) proposed in your proposal be employed by your company at the time of award and during the conduct of research?  Yes  No
- \*4. If your proposal does not result in an award, will your company permit the government to disclose the title and technical abstract page, plus the contact information of your company's point of contact, to third parties who may be interested in contacting your company for further information or possible investment?  Yes  No
- 5. If this is a Phase II proposal, are you proposing outside investment funds under the DHS Cost Matching Program, as defined in the current solicitation?  Yes  No

**Abstract**

*(The technical abstract should be limited to 200 words. The abstract must identify the purpose of the work and briefly describe the work to be carried out, the finding or results and the potential commercial applications of the effort. Since the abstract will be published by HSPARPA, it must not contain any proprietary or classified data.)*

**Keywords**