

## **DHS S&T Request for Information (RFI) Response 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 10028 (7/07)
6. Name of Form: DHS S&T Request for Information (RFI) Response Form
7. Purpose of Form: Allow members of the public to respond to DHS S&T RFIs via the DHS S&T BAA website.
8. How to submit: Submit online at [www.hsarpabaa.com](http://www.hsarpabaa.com) or mail to Department of Homeland Security, Science and Technology/Office of Innovation, 245 Murray Lane, SW, Washington, DC, 20528.

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Address: http://demo.sainc.com/hsarpabaa/LoggedIn/index.asp



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**Solicitation Title:** BAA 07-10  
**Solicitation Description:** CELL-ALL Ubiquitous Biological and Chemical Sensing

### Register for Proposal

Please fill in the information below and click the "Continue" button at the bottom of the page.

**Request Government Only Review:**

**Full Proposal Title:**

**Authorized Representative:**

Authorized Representative First Name:

Authorized Representative Last Name:

**Choose a Business Type(Hold CTRL to select more than one):**

Government - State  
 Government - State  
 Government - Local

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**Organization:**

**United States Address**

Mailing Address 1:

Mailing Address 2:

City:

State:

Zip:

(Please enter your full 9-digit zip code. [Lookup the last four digits](#))

**Address Is Outside the United States**

Mailing Address 1:

Mailing Address 2:

City:

State/Province:

Mail Code:

Country:

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Country:

Phone:

Fax:

Email:

**Principal Investigator:**

Principal Investigator First Name:

Principal Investigator Last Name:

Organization:

**United States Address**

Mailing Address 1:

Mailing Address 2:

City:

State:

Zip:

(Please enter your full 9-digit zip code. [Lookup the last four digits](#))

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**Address Is Outside the United States**

Mailing Address 1:

Mailing Address 2:

City:

State/Province:

Mail Code:

Country:

Phone:

Fax:

Email:

**Funding Information:**

NOTE: For help hover your cursor over the question.

Phase I Funding Requested:

Phase I Duration (in months):

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Phase I Funding Requested:

Phase I Duration (in months):

Phase II Funding Requested:

Phase II Duration (in months):

Phase III Funding Requested:

Phase III Funding Duration:

Total Funding Requested:

Start Date (MM/DD/YYYY):

CAGE Code:

DUNS Number:

SIC:

TIN:

FICE:

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Phase III Funding Duration:

Total Funding Requested:

Start Date (MM/DD/YYYY):

CAGE Code:

DUNS Number:

SIC:

TIN:

FICE:

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The OMB control number for this information collection is 1640-NEW and this form will expire on mm/dd/yyyy. The estimated average time to complete this form is 15 minutes per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528.

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