

NIST-1022
DAO 203-26U.S. DEPARTMENT OF COMMERCE
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY**TECHNOLOGY INNOVATION PROGRAM (TIP)
PROPOSAL INFORMATION SHEET**

NOTE: This application/questionnaire contains collection of information requirements subject to the Paperwork Reduction Act (PRA). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to penalty for failure to comply with, a collection of information subject to the requirements of the PRA. The estimated response time for this application questionnaire is 37 hours. The response time includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this estimate or any other aspects of this collection of information, including suggestions for reducing the length of this questionnaire, to the National Institute of Standards and Technology, Attn., Barbara Lambis, via email at barbara.lambis@nist.gov or telephone (301) 975-4447.

1. COMPETITION NUMBER: <input type="text"/>	2. LEGAL NAME OF SUBMITTING ORGANIZATION <input type="text"/>
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3. PROPOSAL TYPE <input type="checkbox"/> SINGLE COMPANY <input type="checkbox"/> JOINT VENTURE	4. ORGANIZATION TYPE <input type="text"/>	5. PROJECT DURATION <input type="text"/> <input type="text"/>	6. WILL CONTRACTORS BE USED ? <input type="text"/>	
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7. Does the single company or if a joint venture, any joint venture member, have a parent company outside the United States? (If yes, complete form NIST-1022G, Foreign Owned Company Questionnaire, for each such company.)

8. Is the single company or if a joint venture, any joint venture member, majority owned by non-U.S. citizens? (If yes, explain below.)

9. Is the single company or if a joint venture, any joint venture member, subject to control by non-U.S. citizens? (If yes, explain below.)

10. Will any R&D work be performed outside the United States? (If yes, complete form NIST-1022H, R&D Work Performed Outside the United States by the Recipient or Contractor Questionnaire.)

11. Is the company or if a joint venture, any joint venture member, delinquent on any federal debt? (If yes, explain below.)

12. Are there any third party in-kind contributions?

13. NONPROPRIETARY PROPOSAL ABSTRACT

14. In addition to the certification on item 18 of the SF-424 (R&R), I agree with the certification statements in the instructions to this item 14.

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NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY**TECHNOLOGY INNOVATION PROGRAM (TIP)
OTHER JOINT VENTURE MEMBERS****1. LEGAL NAME, ADDRESS, CONTACT INFORMATION & CONGRESSIONAL DISTRICT OF MEMBER #1**

		NAME OF CONTACT	
ORG:	<input type="text"/>	PREFIX:	<input type="text"/>
STREET 1:	<input type="text"/>	FIRST NAME:	<input type="text"/>
STREET 2:	<input type="text"/>	LAST NAME:	<input type="text"/>
CITY:	<input type="text"/>	MIDDLE NAME:	<input type="text"/>
COUNTY:	<input type="text"/>	SUFFIX:	<input type="text"/>
STATE:	<input type="text"/>	ZIP:	<input type="text"/>
COUNTRY:	<input type="text"/>	POSITION/TITLE:	<input type="text"/>
PHONE:	<input type="text"/>	DEPARTMENT:	<input type="text"/>
FAX:	<input type="text"/>	DIVISION:	<input type="text"/>
EMAIL:	<input type="text"/>		
		CONGRESSIONAL DISTRICT:	<input type="text"/>

2. ORGANIZATION TYPE

(Pick one)

- SMALL-SIZED BUSINESS
 NONPROFIT RESEARCH INSTITUTE
 MEDIUM-SIZED BUSINESS
 INSTITUTION OF HIGHER EDUCATION
 LARGE-SIZED BUSINESS
 NATIONAL LABORATORY
 GOVERNMENTAL LABORATORY (not including NIST)

(Check if applicable)

- FOREIGN-OWNED, U.S.-LOCATED
 COMPANY

3. EMPLOYER IDENTIFICATION NUMBER:

4. DUN AND BRADSTREET NUMBER:

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U.S. DEPARTMENT OF COMMERCE
NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY

TECHNOLOGY INNOVATION PROGRAM (TIP) CONTRACTORS

1. LEGAL NAME, ADDRESS, CONTACT INFORMATION OF CONTRACTOR #1

		NAME OF CONTACT	
NAME:	<input type="text"/>	PREFIX:	<input type="text"/>
STREET 1:	<input type="text"/>	FIRST NAME:	<input type="text"/>
STREET 2:	<input type="text"/>	LAST NAME:	<input type="text"/>
CITY:	<input type="text"/>	MIDDLE NAME:	<input type="text"/>
COUNTY:	<input type="text"/>	SUFFIX:	<input type="text"/>
STATE:	<input type="text"/>	ZIP:	<input type="text"/>
COUNTRY:	<input type="text"/>	POSITION/TITLE:	<input type="text"/>
PHONE:	<input type="text"/>	DEPARTMENT:	<input type="text"/>
		DIVISION:	<input type="text"/>

CONTRACTEE:

2. ORGANIZATION TYPE

(Pick one)

(Check if applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> SMALL-SIZED BUSINESS | <input type="checkbox"/> NONPROFIT RESEARCH INSTITUTE | <input type="checkbox"/> FOREIGN-OWNED, U.S.-LOCATED COMPANY |
| <input type="checkbox"/> MEDIUM-SIZED BUSINESS | <input type="checkbox"/> INSTITUTION OF HIGHER EDUCATION | <input type="checkbox"/> FOREIGN-LOCATED ENTITY |
| <input type="checkbox"/> LARGE-SIZED BUSINESS | <input type="checkbox"/> NATIONAL LABORATORY | |
| <input type="checkbox"/> GOVERNMENTAL LABORATORY (not including NIST) | | |

3. ESTIMATED AMOUNT OF CONTRACT:

4. DESCRIBE SCOPE OF WORK AND IDENTIFY WHICH TASK OR TASKS IN R&D PLAN REQUIRE CONTRACTOR'S INVOLVEMENT.

5. IS THIS A SOLE SOURCE CONTRACT?

- NO YES (If yes, explain; e.g., is this the only contractor that can perform the work, what is the nature of its unique capabilities/experience, etc.)

6. DOES THE CONTRACTOR HAVE ANY FINANCIAL OR OTHER INTEREST IN THE SUBMITTING ORGANIZATION?

- NO YES (If yes, briefly explain what type and how much.)

7. DOES THE SUBMITTING ORGANIZATION HAVE ANY FINANCIAL OR OTHER INTEREST IN THE CONTRACTOR?

- NO YES (If yes, briefly explain what type and how much.)

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NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY**TECHNOLOGY INNOVATION PROGRAM (TIP)
BUDGET NARRATIVE**

Organization Name:

Year:

A. Personnel

Employee Name	Position Title	Annual Salary	Percentage of Time	Cost
TOTAL:				

B. Travel

Purpose of Travel	Destination	Computation (Mode of transportation, lodging, and subsistence)	Cost
TOTAL:			

Justification for foreign travel and/or foreign conference(s) [include an explanation of how the foreign travel and/or foreign conference(s) are specifically related to the R&D activities of the TIP project (i.e., how will the information gathered contribute to funded tasks), why the information cannot be obtained in the United States, and summarize conference agenda or topics for meeting with key experts (name and expertise) at the conference, etc.]:

Justification for domestic conference(s) [include an explanation of how the conference(s) specifically relates to the R&D activities of the TIP project (i.e., how will the information gathered contribute to funded task(s), summarize conference agenda or topics for meeting with key experts (name and expertise) at the conference, etc.]:

C. Equipment

Item	Computation	Cost
TOTAL:		

Justification for each equipment item exceeding \$100,000, to be purchased outside the United States, and/or any construction costs:

D. Materials/Supplies

Item	Computation	Cost
TOTAL:		

E. Contractors

Name of Contractor	Service Provided	Computation	Cost

SUBTOTAL:			
If contractor's fees are in excess of \$550 per day, justify here:			
Contractor Expenses			
Name of Contractor	Expense	Computation	Cost
SUBTOTAL:			
TOTAL:			
F. Other			
Description	Computation		Cost
TOTAL:			
<input type="checkbox"/> Check here if audit is part of indirect costs. (If checked, enter 0 for AUDIT costs above.)			
<input type="checkbox"/> Check here if cognizant federal audit agency will perform audits and provide names of agency:			
G. Indirect Costs			
Percentage Rate: <input style="width: 80px;" type="text"/>			
<input type="checkbox"/> Check here if the indirect cost rate has been negotiated and approved by a cognizant federal agency and a copy of the agreement is included in proposal.			
<input type="checkbox"/> Check here if the indirect cost rate has not been negotiated and approved by a cognizant federal agency.			
			Total: <input style="width: 150px;" type="text"/>
H. Cost Sharing			
		FEDERAL (direct costs only):	<input style="width: 150px;" type="text"/>
		NONFEDERAL (direct costs only):	<input style="width: 150px;" type="text"/>
NONFEDERAL (indirect costs only, which must be the same amount in section G.):			<input style="width: 150px;" type="text"/>
			Total: <input style="width: 150px;" type="text"/>

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**TECHNOLOGY INNOVATION PROGRAM (TIP)
THIRD PARTY IN-KIND CONTRIBUTIONS**

A. Name of organization to receive in-kind contributions:

B. In-kind contributions will consist of the following as noted:

Project Year:

Type of Personnel Service	Employee Name & Position Title	Percentage of Time	Method of Valuation	Cost

Equipment	Percentage of Use	Method of Valuation	Cost

Research Tools	Percentage of Use	Method of Valuation	Cost

Software	Percentage of Use	Method of Valuation	Cost

Materials/Supplies	Percentage of Use	Method of Valuation	Cost

Other	Percentage of Use	Method of Valuation	Cost

C. Total value of third-party in-kind contributions:

By submitting this form, the donor of the in-kind contributions certifies that it is authorized to legally commit the in-kind contributions listed above for the proposed Technology Innovation Program proposal, if funded, entitled:

Print Name and Title:

Name of Organization Donating In-Kind Contributions:

**TECHNOLOGY INNOVATION PROGRAM (TIP)
 ESTIMATED MULTI-YEAR BUDGET - SINGLE COMPANY**

	YEAR 1	YEAR 2	YEAR 3	TOTAL
1. OBJECT CLASS CATEGORY				
A. Personnel salaries/wages				
B. Travel				
C. Equipment				
D. Materials/supplies				
E. Contractors				
F. Other				
G. Total direct costs (lines A thru F)				
H. Total direct costs requested from TIP				
I. Total direct costs shared by proposer (if any)				
J. Total indirect costs absorbed by proposer				
K. Total costs (lines G + J)				
2. SOURCES OF FUNDS				
A.				
A.				
A.				
B1.				
C. Total of all sources of funds (same as line K)				
3. TASKS				
A1				
B. Total of all tasks (same as line K)				

**TECHNOLOGY INNOVATION PROGRAM (TIP)
ESTIMATED MULTI-YEAR BUDGET - JOINT VENTURE**

YEAR:				YEAR TOTAL ALL JV MEMBERS
1. OBJECT CLASS CATEGORY				
A. Personnel salaries/wages				
B. Travel				
C. Equipment				
D. Materials/supplies				
E. Contractors				
F. Other				
G. Total direct costs (lines A thru F)				
H. Total direct costs requested from TIP				
I. Total direct costs shared by proposer (if any)				
J. Total indirect costs absorbed by proposer				
K. Total costs (lines G + J)				
2. SOURCES OF FUNDS				
A.				
A.				
A.				
B1.				
C. Total of all sources of funds (same as line K)				
3. TASKS				
A1				
B. Total of all tasks (same as line K)				

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**TECHNOLOGY INNOVATION PROGRAM (TIP)
ESTIMATED MULTI-YEAR BUDGET - JOINT VENTURE**

YEAR:				YEAR TOTAL ALL JV MEMBERS
1. OBJECT CLASS CATEGORY				
A. Personnel salaries/wages				
B. Travel				
C. Equipment				
D. Materials/supplies				
E. Contractors				
F. Other				
G. Total direct costs (lines A thru F)				
H. Total direct costs requested from TIP				
I. Total direct costs shared by proposer (if any)				
J. Total indirect costs absorbed by proposer				
K. Total costs (lines G + J)				
2. SOURCES OF FUNDS				
A.				
A.				
A.				
A.				
B1.				
C. Total sources of funds (same as line K)				
3. TASKS				
A1				
B. Total of all tasks (same as line K)				

**TECHNOLOGY INNOVATION PROGRAM (TIP)
FOREIGN OWNED COMPANY QUESTIONNAIRE**

Complete answers to all questions must be provided for each foreign-owned company participating in the proposed TIP project. Submit additional documentation if necessary. [See Chapter 1, section 4 in the TIP Proposal Preparation Kit for explanation.]

Title of Proposal:

Submitting Organization:

1. Is the foreign-owned company incorporated in the United States, or is the LLC, partnership, or sole proprietorship with foreign ownership organized in the United States? (NOTE: A company, LLC, partnership, or sole proprietorship is considered foreign owned if it is majority owned or controlled by a non-U.S. entity, or its ultimate parent, if any, is incorporated outside the United States.)

No. You are ineligible to continue.

Yes. Please continue.

2. Name of foreign-owned company and U.S. address where research for the project will be conducted.

3. Name of ultimate foreign parent, address, and country of incorporation. Also provide percentage of ownership.

4. What is the type of participation of the foreign-owned company?

Single Company

Joint Venture Lead

Joint Venture Participant

5. What is the role of the foreign-owned company? (Check all that apply.)

Key contributor to the high-risk tasks of the project.

Minor contributor to the high-risk tasks of the project.

Supplier of materials, equipment, or software services.

Manufacturer.

Other. Please explain.

6. What skills, capabilities, and resources does the foreign-owned company bring to the project? How will the company's role affect project milestones and plans, if any, for commercialization?

7. Provide a brief description of:
- a. Facility or facilities where project activities will be carried out;
 - b. Location, including address;
 - c. Square footage; and
 - d. Special equipment.

8. How many employees will be dedicated to the project?

9. Provide the names, titles, and main responsibilities of key project staff.

10. Will there be any activities performed outside the United States?

No.

Yes. If yes, a completed NIST-1022H TIP R&D Work Performed Outside the United States by the Recipient or Contractor Questionnaire must be submitted.

11. Does the foreign-owned company expect to develop any new products or apply any new processes to its product lines incorporating the TIP supported technology?

No.

Yes. If yes, provide the following:

- a. For each new product or process, when will it first occur?
- b. Where?
- c. If in the United States, which facility?
- d. Which U.S. product line?
- e. Other? Please explain.

12. a. Provide investments that the foreign-owned company has made in research, development, manufacturing, distribution, sales, and marketing in the United States in the past 3 years.

- b. State approximate dollar value.

13. Describe the relationship between the foreign-owned company and its ultimate foreign parent. Include financial arrangements, intercompany research agreements, and intellectual property arrangements.

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**TECHNOLOGY INNOVATION PROGRAM (TIP)
R&D WORK PERFORMED OUTSIDE THE UNITED STATES BY THE
RECIPIENT OR CONTRACTOR QUESTIONNAIRE**

Title of Proposal:

Submitting Organization:

Name of Company To Perform R&D Work Outside the United States:

Country Where Work Will Be Performed:

1. Is the work to be performed outside the United States less technically challenging and lower risk relative to the work carried out in the United States?

- Yes.
- No. If no, explain.

2. Describe the impact on U.S. economic interests with and without the R&D being performed outside the United States.

3. What is the percentage of the total TIP project for R&D performed outside the United States?

4. What are the total dollars by organization for R&D performed outside the United States?

5. a. Explain how your organization made a good faith effort to identify alternatives to have this particular work performed outside the United States.

b. Explain why those alternatives were not considered adequate to meet the R&D plan needs (e.g., cost, schedule, insufficient interest, or commitment).

6. Would the project be less likely to generate substantial benefits to the United States if the work outside the United States were not carried out at all, or if TIP insisted that the work be performed in the United States?

- Yes.
- No.

Explain why:

7. Does the facility proposing to carry out the work outside the United States bring to the project special expertise, extra resources, or other factors that would represent a substantial loss to the project were they not present?

Yes.

No.

Explain why:

8. a. Is the entity proposing to do work outside the United States U.S. owned?

Yes.

No.

b. Does the entity also have R&D and manufacturing facilities in the United States that would benefit from the project?

Yes. If yes, describe the facilities and benefits:

No.

c. Who else would benefit?