

Create Account

Enter required information as shown below. When finished, click Save and Continue.

OMB Number: 1910-5178
Expiration: 03-31-2019

Fields with * are required.

Personal Information	
Prefix (Example: Mr., Ms., Dr.)	<input type="text" value="None"/>
* First Name	<input type="text"/>
Middle Initial	<input type="text"/>
* Last Name	<input type="text"/>
Suffix (Example: Jr., Sr., III)	<input type="text"/>
* Username	<input type="text"/>
* Password	<input type="password"/> Password Instructions Passwords must be at least eight characters in length and contain the following: <ul style="list-style-type: none">• At least one lowercase letter (a-z)• At least one uppercase letter (A-Z)• At least one number (0-9)• At least one of these five special characters: ~ ! @ # * Your new password cannot be identical to any of your previous 6 passwords. Passwords expire every 120 days. The system will prompt you to change your expired password when you log in. Since this password change is prompted by the system, there will be no email notification with the new password. (View Less)
* Retype Password	<input type="password"/>
* Security Question	<input type="text" value="Select One"/>
* Security Answer	<input type="text"/> (Security Answer is case sensitive)
* Email	<input type="text"/>

[Cancel](#)

[Save and Continue](#)

Paperwork Reduction Act Burden Disclosure Statement

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Fields with * are required.

Personal Information

Prefix (Example: Mr., Ms., Dr.)	
First Name	Mary
Middle Initial	
Last Name	TEST
Suffix (Example: Jr., Sr., III)	

Contact Information

* Email Address	mrsbracey@gmail.com	(username@domain.com) <input checked="" type="radio"/> Preferred			
		(username@domain.com) <input type="radio"/> Preferred			
		(username@domain.com) <input type="radio"/> Preferred			
* Phone Number	Select Type		-	Ext.	<input checked="" type="radio"/> Preferred
	Select Type		-	Ext.	<input type="radio"/> Preferred
	Select Type		-	Ext.	<input type="radio"/> Preferred
	Select Type		-	Ext.	<input type="radio"/> Preferred
Fax Number		-			
Website					

*** Mailing Address (Required)**

Mailstop Code (Internal Routing)	
Division / Department Name	
Company	
Address Type	<input checked="" type="radio"/> Domestic Address <input type="radio"/> International Address <input type="button" value="Refresh"/>
Specify Domestic Address (Street Address or PO Box Only or Rural Route)	

<input type="radio"/> * Address	Street Number <input type="text"/> * Street Name <input type="text"/>
<input type="radio"/> * PO Box Only	Number <input type="text"/>
<input type="radio"/> * Rural Route	Type <input type="text" value="Select Route"/> Number <input type="text"/> Box <input type="text"/>
* City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
* State	<input type="text"/> (Required if City is specified)
* Zip Code (Lookup ↗)	<input type="text"/> - <input type="text"/> (Required if City is not specified)
Congressional District	<input type="text"/> (Example: 01)

Specify Domestic Address

[Click here to enter physical location address if different from mailing address. \(Providing this address is optional.\)](#)

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Agreement

OMB Number: 1910-5178
Expiration: 03-31-2019

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Note(s):

Please read this information carefully and accept by clicking on the 'Accept' button to proceed. You may decline it by clicking on the 'Decline' button, and you will not be able to log in.

PORTFOLIO ANALYSIS AND MANAGEMENT SYSTEM (PAMS)

NOTICE TO USERS

This is a U.S. Government, Department of Energy (DOE) system and it is for the use of authorized users only. The system is to be used for official Government business pertaining to the inquiring, applying, and managing of proposals and awards. Unauthorized access or use of this system may subject violators to criminal, civil, and/or administrative action. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in Federal court.

PRIVACY NOTICE

The system contains personal information protected under the provisions of the Privacy Act of 1974, 5 U.S.C. § 552(a), as amended. Violations of 5 U.S.C. § 552(a) may subject the offender to criminal penalties.

In the event it is suspected that you have not complied with these Rules of Behavior, your account will be frozen, you will be denied any access to the site, and criminal, civil, and/or administrative action may also be taken.

The Privacy Act generally prohibits government agencies from revealing personal information by any means of communication to any person without the prior written consent of the individual about whom the information pertains. DOE will maintain the confidentiality of the information, and will not further disseminate it except as needed for proposal and award administration or as authorized by 5 U.S.C. § 552(a)(b).

Section 641 of the Department of Energy Organization Act, codified at 42 U.S.C. § 7251, authorizes the DOE to collect, use, and retain information that is mandatory for the financial awards process. All information comes from proposals, reviews, and reports that are submitted to the DOE by authorized external users (i.e., scientists and research administrators). Grant applications, contract proposals, technical reviews by peer reviewer, records of grant and contract awards, financial data, and any other pertinent information needed for the tracking or approval of a grant or contract is maintained to track and monitor the receipt, review, and disposition of grant applications and contract proposals from universities, non-profit organizations, large and small businesses, other Federal agencies, State and local governments, individuals, and DOE national laboratories seeking Federal financial support for research projects, training, and related activities. The system also tracks and monitors funding authorizations and associated financial data. A record from this system may be disclosed as a routine use to expert peer reviewers selected by the DOE Office of Science for their expertise in specific research areas to evaluate the proposal in accordance with established evaluation criteria. A record also may be disclosed as a routine use to a Principal Investigator, Sponsored Programs Office, Business Office, or similar element, via electronic media for the purpose of checking the status of its proposals that have been submitted to DOE for support.

This system is an interactive, web-based application that enforces edits and business rules that check for data completeness; therefore, individuals generally don't get a choice to opt out of providing information necessary to the financial awards process. Failure to provide required documents such as preproposals, interagency proposals, DOE national laboratory proposals, reports, or minimal required registration information (e.g., name, contact information) can negatively affect eligibility for awards.

Reports about people, institutions, awards, and proposals can be produced for internal DOE use, e.g., evaluating and selecting applicants, determining funding for projects, and tracking awards and proposals. Only DOE employees and contractors who have a need to know based on their job responsibilities have access to these reports. Persons who are provided information in PAMS are subject to the same statutory criteria applicable to DOE employees under the Privacy Act.

RULES OF BEHAVIOR

1. I consent to having my activities on the system monitored and understand that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence obtained by such monitoring to law enforcement officials.
2. I will not make unauthorized attempts to view or change information, or otherwise cause damage to the system and system data. Unauthorized attempts to upload information, change or access information on this service are strictly prohibited and may be punishable under the Computer Fraud and Abuse Act of 1986.
3. Information I provide in the course of using this system, and activities I perform in this system, shall not be false, inaccurate or misleading; violate any law, statute, ordinance or regulation, contain any viruses or any malicious code that may damage, detrimentally interfere with, surreptitiously intercept, or expropriate any system, data, or personal information.
4. I agree to protect my access codes from disclosure.
5. I agree to report security incidents and vulnerabilities to the DOE.
6. I will comply with the provisions of copyrighted software by not infringing upon or compromising (copy, distribute, manipulate, etc.) software of this system.
7. I agree to use the PAMS system in accordance with the DOE's policies and procedures.
8. I understand that all conditions and obligations imposed upon me by these rules apply during the time I am granted access to this system regardless of location.
9. I understand that the DOE reserves the right to terminate or suspend my access and use of PAMS, without notice, if there is a violation or suspected violation of these Rules of Behavior.

By submitting this page, I am consenting to the above stipulations.

I acknowledge and understand my responsibilities and agree to comply with the rules of behavior for PAMS.

Decline

Accept

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You are here: Home » Welcome

View/Update Profile

Update information within the three sub-tabs below: Profile Information tab, Background Information tab and Resume/CV tab. Add/update Degree Information within the (+ View More)

OMB Number: 1910-5178
Expiration: 03-31-2019

Note(s):
Required fields are marked with an asterisk. When finished, select the appropriate Save option from the Choose Action dropdown list at the bottom right of the screen and click Go OR click Cancel and Return Home.

Profile Information Background Information Resume/CV

Fields with * are required

User Information

User Name	PRATester
Position Title (Example: Project Director, Director)	
Prefix (Example: Mr., Ms., Dr.)	None
* First Name	Mary
Middle Initial	
* Last Name	TEST
Suffix (Example: Jr., Sr., III)	
Website (Example: http://www.domain.com)	
* Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Do Not Wish to Provide
* Ethnicity	Select
* Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

* Citizenship	Select
* Disability	<input type="checkbox"/> visual impairment <input type="checkbox"/> Mobility/Orthopedic Impairment if Other <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Do Not Wish To Provide

Contact Information

* Email Address	mrsbracey@gmail.com (username@domain.com) <input checked="" type="radio"/> Preferred (username@domain.com) <input type="radio"/> Preferred (username@domain.com) <input type="radio"/> Preferred
Phone Number	Cell: 301 333 - 3333 Ext. <input checked="" type="radio"/> Preferred Select Type: <input type="radio"/> Preferred Select Type: <input type="radio"/> Preferred Select Type: <input type="radio"/> Preferred
Fax Number	

Mailing Address (Optional)

Mailstop Code (Internal Routing)	
Division / Department Name	
Company	
Address Type	<input checked="" type="radio"/> Domestic Address <input type="radio"/> International Address Refresh
Specify Domestic Address (Street Address or PO Box Only or Rural Route)	
* Address	Street Number: 103 * Street Name: Chancellor Avenue Select One: FL Number: 31 x
* PO Box Only	Number:
* Rural Route	Type: Select Route Number: Box:
* City	Newark (Required if Zip is not specified)
Urbanization	(Used only for Puerto Rico(PR))
* State	NJ (Required if City is specified)
* Zip Code (Lookup)	07112 - 2223 (Required if City is not specified)
Congressional District	(Example: 01)

Specify Domestic Address

Physical Address (Optional)

Address Type Domestic Address International Address [Refresh](#)

Specify Domestic Address

* Address Street Number * Street Name
Select One Number

* City (Required if Zip is not specified)

Urbanization (Used only for Puerto Rico(PR))

* State (Required if City is specified)

* Zip Code ([Lookup](#)) - (Required if City is not specified)

Congressional District (Example: 01)

[Cancel and Return Home](#)

Choose Action

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[Acceptable Use Policy](#) | [Viewers And Players](#) | [Contact Us](#) | [PAMS External User Guide](#)

Product: PAMS | Platform #: 3.1.180 | Build #: 1.6.160 | Environment: QA (E1)

Last Login: Not available



You are here: [Home](#) > [Welcome](#)

[View/Update Profile](#)

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[Profile Information](#) | [Background Information](#) | [Resume/CV](#)

Specialty Selection

Specialties

- Accelerator and Detector Research for Basic Energy Sciences
- Accelerator Research and Development for Current and Future Nuclear Physics Facilities
- Accelerator Research and Development for High Energy Physics
- Advanced Design and System Studies
- Applied Mathematics
- Atmospheric Radiation Measurement
- Climate Research Facility
- Atmospheric System Research
- Atomic, Molecular, and Optical Sciences

(Instructions: Hold Ctrl to select multiple names)

Keyword

Approximately 2 pages (Max: 3000 Characters): 3000 Characters left.

Degree Information

Degree	Field of Study	Award Year	Institution	Options
--------	----------------	------------	-------------	---------

[Cancel and Return Home](#)

Choose Action

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Profile Information | Background Information | **Resume/CV**

Attached Documents

Resume/CV (Maximum 1)

Attach File

No documents attached

Cancel and Return Home

Choose Action

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Login

Award Search Existing User

Wednesday 12th December 2018 12:03:38 P.M.

Annual User Acknowledgement

OMB Number: 1910-5178 Expiration: 03-31-2019

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RULES OF BEHAVIOR

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ALL PROPOSALS

You are here: Home » Proposals » Guide Me » General [] » My Proposals

- General
- LOI/Preproposals
- My Letters of Intent
- My Preproposals
- Proposals
- My Proposals**
- Access Previously Submitted Grants.gov Proposal

DOE National Laboratory Announcements - Submit Proposal

Complete the form below to submit a proposal. There are four components to the proposal, each represented by a tab—the Cover Page, Budget, Subawards, and Attachments. The [View More](#)

OMB Number: 1910-5178
Expiration: 03-31-2019

- Cover Page**
- Budget
- Subawards (optional)
- Attachments

Fields with * are required

Solicitation Information

Solicitation Number: LAB 19-1902: U.S.-Japan Science and Technology Cooperation Program in High Energy Physics
* Institution: Select One

* Principal Investigator Information

Select PI

Name
Position/Title of PI
Phone Number: N/A
Email Address
Address: N/A

* Sponsored Research Official/Business Official/Administrative Official (SRO/BO/AO) Information

Select SRO/BO/AO

Name
Phone Number: N/A
Email Address
Address: N/A

Project Information

* Proposal Title
* Program Manager: Select One
* Proposal Type: Select One

Field Work Proposal Number (if applicable)

FWP Information

#	FWP Number	Target Year
---	------------	-------------

Research and Other Related Project Information

* 1. Are Human Subjects Involved?

Yes No

1a. If Yes, is the project exempt from Federal regulations? (Required only if the answer to question 1 is "Yes")

Yes No N/A

If Yes, check appropriate exemption number. (Required only if the answer to question 1a is "Yes")

1 2 3 4 5 6 N/A

If No, is the IRB review pending? (Required only if the answer to question 1a is "No")

Yes No N/A

IRB Approval Date:

Human Subject Assurance Number:

* 2. Are vertebrate animals used?

Yes No

2a. If Yes, is the IACUC review pending? (Required only if the answer to question 2 is "Yes")

Yes No N/A

IACUC Approval Date:

Animal Welfare Assurance Number:

Cancel

Choose Action

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- ALL PROPOSALS <<
- General
- LOI/Preproposals
- My Letters of Intent
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- Proposals
- My Proposals**
- Access Previously Submitted Grants.gov Proposal

You are here: Home » Proposals » Guide Me » General [] » My Proposals

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OMB Number: 1910-5178
Expiration: 03-31-2019

Cover Page
 Budget
 Subawards (optional)
 Attachments

Add Budget Period

Budget Period	Start Date	End Date	Delete Period
1	Not Provided	Not Provided	

Period 1 Budget Summary

[Budget Tab Instructions](#)

Budget Period Information

* Budget Period Start Date	Not Provided
* Budget Period End Date	Not Provided

A. Senior/Key Person

#	Name	Project Role	Months	Requested Salary (\$) (i)	Fringe Benefits (\$) (i)	Funds Requested (\$)
Total Funds requested for all Senior Key Persons in the attached file						Not Provided
Total Senior/Key Person						Not Provided

Additional Senior Key Persons (Maximum 1)

[Attach File](#)

No documents attached

B. Other Personnel

# of Personnel	Project Role	Months (i)	Requested Salary (\$) (i)	Fringe Benefits (\$) (i)	Funds Requested (\$)
				Total Other Personnel	Not Provided
				Total Salary, Wages and Fringe Benefits (A+B)	Not Provided

C. Equipment Description

#	Equipment Item	Funds Requested (\$)
Total Equipment		Not Provided

D. Travel

#	Item	Funds Requested (\$)
1.	Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	Not Provided
2.	Foreign Travel Costs	Not Provided
Total Travel		Not Provided

E. Participant/Trainee Support Costs

#	Item	Funds Requested (\$)
1.	Tuition/Fees/Health Insurance	Not Provided
2.	Stipends	Not Provided
3.	Travel	Not Provided
4.	Subsistence	Not Provided
5.	Other	Not Provided
Total Participant/Trainee Support Costs		Not Provided
		Number of Participant/Trainees (Not Provided)

F. Other Direct Costs

#	Item	Funds Requested (\$)
1.	Materials and Supplies	Not Provided
2.	Publication Costs	Not Provided
3.	Consultant Services	Not Provided
4.	ADP/Computer Services	Not Provided
5.	Subawards/Consortium/Contractual Costs	Not Provided

6.	Equipment or Facility Rental/User Fees	Not Provided
7.	Alterations and Renovations	Not Provided
8.	Other	Not Provided
Total Other Direct Costs		Not Provided
G. Direct Costs		
#	Item	Funds Requested (\$)
1.	Total Direct Costs (A thru F)	Not Provided
H. Other Indirect Costs		
#	Item	Funds Requested (\$)
Total Indirect Costs		Not Provided
I. Total Direct and Indirect Costs		
#	Item	Funds Requested (\$)
1.	Total Direct and Indirect Costs (G+H)	Not Provided

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Complete the form below to submit a proposal. There are four components to the proposal, each represented by a tab—the Cover Page, Budget, Subawards, and Attachments. The (+ View More)

OMB Number: 1910-5178
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- Cover Page
- Budget
- Subawards (optional)
- Attachments

[Add Subaward](#)

DUNS	Institution	Options
No Subawards found.		

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Expiration: 03-31-2019

✓ Cover Page	✓ Budget	✓ Subawards (optional)	✗ Attachments
<ul style="list-style-type: none"> Project Summary/Abstract (Minimum 1) (Maximum 1) Attach File Budget Justification Attachment (Minimum 1) (Maximum 1) Attach File Proposal Attachment (Minimum 1) (Maximum 1) Attach File Other Attachments (Maximum 5) Attach File 			<p>No documents attached</p> <p>No documents attached</p> <p>No documents attached</p> <p>No documents attached</p>

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- Cover Page
 Budget
 Subawards (optional)
 Attachments

Add Budget Period

Budget Period	Start Date	End Date	Delete Period
1	Not Provided	Not Provided	

Period 1 Budget Summary

[Budget Tab Instructions](#)

Budget Period Information

* Budget Period Start Date	Not Provided
* Budget Period End Date	Not Provided

A. Senior/Key Person

#	Name	Project Role	Months	Requested Salary (\$) (i)	Fringe Benefits (\$) (i)	Funds Requested (\$)
Total Funds requested for all Senior Key Persons in the attached file						Not Provided
					Total Senior/Key Person	Not Provided

Additional Senior Key Persons (Maximum 1)

No documents attached

[Attach File](#)

B. Other Personnel

# of Personnel	Project Role	Months (i)	Requested Salary (\$) (i)	Fringe Benefits (\$) (i)	Funds Requested (\$)
----------------	--------------	------------	---------------------------	--------------------------	----------------------

Total Other Personnel Not Provided

Total Salary, Wages and Fringe Benefits (A+B) Not Provided

C. Equipment Description

#	Equipment Item	Funds Requested (\$)
Total Equipment		Not Provided

D. Travel

#	Item	Funds Requested (\$)
1.	Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	Not Provided
2.	Foreign Travel Costs	Not Provided
Total Travel		Not Provided

E. Participant/Trainee Support Costs

#	Item	Funds Requested (\$)
1.	Tuition/Fees/Health Insurance	Not Provided
2.	Stipends	Not Provided
3.	Travel	Not Provided
4.	Subsistence	Not Provided
5.	Other	Not Provided
Total Participant/Trainee Support Costs		Not Provided

Number of Participant/Trainees (Not Provided)

F. Other Direct Costs

#	Item	Funds Requested (\$)
1.	Materials and Supplies	Not Provided
2.	Publication Costs	Not Provided
3.	Consultant Services	Not Provided
4.	ADP/Computer Services	Not Provided
5.	Subawards/Consortium/Contractual Costs	Not Provided
6.	Equipment or Facility Rental/User Fees	Not Provided
7.	Alterations and Renovations	Not Provided
8.	Other	Not Provided
Total Other Direct Costs		Not Provided

G. Direct Costs

#	Item	Funds Requested (\$)
1.	Total Direct Costs (A thru F)	Not Provided
H. Other Indirect Costs		
#	Item	Funds Requested (\$)
	Total Indirect Costs	Not Provided
I. Total Direct and Indirect Costs		
#	Item	Funds Requested (\$)
1.	Total Direct and Indirect Costs (G+H)	Not Provided

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- ✓ Cover Page
- ✓ Budget
- ✓ Subawards (optional)
- ✗ Attachments

Add Subaward		
DUNS	Institution	Options
No Subawards found.		

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OMB Number: 1910-5178
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<input checked="" type="checkbox"/> Cover Page	<input checked="" type="checkbox"/> Budget	<input checked="" type="checkbox"/> Subawards (optional)	<input checked="" type="checkbox"/> Attachments
▼ * Project Summary/Abstract (Minimum 1) (Maximum 1) Attach File			
No documents attached			
▼ * Budget Justification Attachment (Minimum 1) (Maximum 1) Attach File			
No documents attached			
▼ * Proposal Attachment (Minimum 1) (Maximum 1) Attach File			
No documents attached			
▼ Other Attachments (Maximum 5) Attach File			
No documents attached			

Choose Action

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- Cover Page
- Budget
- Subawards (optional)
- Attachments

Fields with * are required

Agency Information

Agency Name: Air Force Institute of Technology
 Address: 2950 Hobson Way, Wright Patterson AFB, OH 45433

Project Information

* Proposal Title: Invite to Submit to DOE Office of Science (char)
 * Proposal Type: New
 * Award Number:

* Principal Investigator Information

Name
 Position/Title of PI
 Phone Number: N/A
 Email Address
 Address: N/A

Select PI

* Sponsored Research Official/Business Official/Administrative Official (SRO/BO/AO) Information

Select SRO/BO/AO

Name
 Phone Number: N/A
 Email Address
 Address: N/A

DOE Contact

DOE/Office of Science Program Contact First Name (if known)
 Last Name
 Position Title
 Email Address
 Phone Number: Select One - - Ext.

Agency Business Contact Information

Position Title
 Prefix
 * First Name
 Middle Name
 * Last Name
 Suffix
 * Email Address
 * Phone Number: Select One - - Ext.
 Address: N/A

Cancel

Choose Action Go

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Submit Letter of Intent (LOI)

Complete the form below to submit a Letter of Intent (LOI). Search for and add only one PI. If the PI is not registered, send an invitation to the PI to register to the ([View More](#))

OMB Number: 1910-5178
 Expiration: 03-31-2019

Solicitation Information	
Solicitation Number	DE-FOA-19104-DS-19104 - Non-SBIR Solicitation
* Institution	Select One
* PI Information (1) Select PI	
Name	N/A
Email Address	N/A
Phone Number	N/A
Address	N/A
Project Information	
* Letter of Intent Title	
* Program Manager	Select One
* Letter of Intent (Minimum 1) (Maximum 1) Attach File	
No documents attached	
<input type="button" value="Cancel"/> <input type="button" value="Save"/> <input type="button" value="Submit to DOE"/>	

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Submit Preproposal

Complete the form below to submit a Preproposal. Search for and add only one PI. If the PI is not registered, send an invitation to the PI to register to the Institution ([View More](#))

OMB Number: 1910-5178

Expiration: 03-31-2019

Solicitation Information

Solicitation Number	DE-FOA-0001968: FY2019 Continuation of Solicitation for the Office of Science Financial Assistance Program
* Institution	Select One

* PI Information ? Select PI

Name	N/A
Email Address	N/A
Phone Number	N/A
Address	N/A

Project Information

* Preproposal Title	
* Program Manager	Select One

▼ * Preproposal (Minimum 1) (Maximum 1) Attach File

No documents attached

Cancel Save Submit to DOE

Institution Information	
* Institution Name	<input type="text"/>
Institution Website	<input type="text"/>
* Institution Type	Select One <input type="text"/> If Other, please specify: <input type="text"/>
Sub Type	<input type="checkbox"/> Women Owned <input type="checkbox"/> Socially And Economically Disadvantaged
EIN/TIN	<input type="text"/> <small>Sole proprietors and individuals may use their Social Security Number (SSN) as assigned by the Social Security Administration (SSA) as their Employer Identification Number (EIN) if the Internal Revenue Service (IRS) has not assigned an EIN. An SSN used as an EIN will not be treated as Privacy Act data. To obtain an EIN, contact the IRS at http://www.irs.gov.</small>
DUNS	<input type="text"/> (Example: 123456789 or 123456789INDV)
* Mailing address (Required)	
Mailstop Code (Internal Routing)	<input type="text"/>
Division / Department Name	<input type="text"/>
Address Type	<input checked="" type="radio"/> Domestic Address <input type="radio"/> International Address <input type="button" value="Refresh"/>
Specify Domestic Address (Street Address or PO Box Only or Rural Route)	
<input type="radio"/> * Address	Street Number <input type="text"/> * Street Name <input type="text"/> Select One <input type="text"/> Number <input type="text"/>
<input type="radio"/> * PO Box Only	Number <input type="text"/>
<input type="radio"/> * Rural Route	Type <input type="text"/> Select Route <input type="text"/> Number <input type="text"/> Box <input type="text"/>
* City	<input type="text"/> (Required if Zip is not specified)
Urbanization	<input type="text"/> (Used only for Puerto Rico(PR))
* State	<input type="text"/> (Required if City is specified)
* Zip Code (Lookup ?)	<input type="text"/> - <input type="text"/> (Required if City is not specified)
Congressional District	<input type="text"/> (Example: 01)

Cover Sheet



Budget Tab



