OMB Approval No.:4040-0001 Expiration Date: mm/dd/yyyy

## **SBIR/STTR** Information

| * Agency to which you are applying (select only one)  |  |  |  |  |  |
|---|--|--|--|--|--|
| DOE HHS USDA Other:   |  |  |  |  |  |
| * SBC Control ID: (This 9 digit code is obtained from the Small Business Administration)  |  |  |  |  |  |
| * Program Type (select only one)  |  |  |  |  |  |
| SBIR STTR   |  |  |  |  |  |
| Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)  |  |  |  |  |  |
| * Application Type (select only one)  |  |  |  |  |  |
| Phase I Phase II Fast-Track Direct Phase I Direct Phase II Phase IIA Phase IIB  (See agency-specific instructions to determine whether a particular agency participates in Fast-Track,  |  |  |  |  |  |
| Commercialization Readiness Program  Second/Sequential, Direct Phase II. or Commercialization Pilot Plan.)  |  |  |  |  |  |
| Phase I Letter of Intent Number:  |  |  |  |  |  |
|   |  |  |  |  |  |
| * Agency Topic/Subtopic:  |  |  |  |  |  |
| Questions 1-7 must be completed by all SBIR and STTR Applicants:  |  |  |  |  |  |
| Yes  1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?   |  |  |  |  |  |
| * 1b. Anticipated Number of personnel to be employed at your organization at the time of award.   |  |  |  |  |  |
| * 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?   |  |  |  |  |  |
| * 1d. Is your small business a Faculty or Student-Owned entity?   |  |  |  |  |  |
| Yes * 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies?   |  |  |  |  |  |
| * If yes, insert the names of the Federal laboratories/agencies:  |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| * 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov  |  |  |  |  |  |
| Yes 4. Will all research and development on the project be performed in its entirety in the United States?  |  |  |  |  |  |
| No If no, provide an explanation in an attached file.  * Explanation: Add Attachment Delete Attachment View Attachment  |  |  |  |  |  |
| Yes 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other   |  |  |  |  |  |
| Federal program solicitations or received other Federal awards for essentially equivalent work?  * If yes, insert the names of the other Federal agencies:  |  |  |  |  |  |
| if yes, insert the names of the other receial agencies.   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Yes 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of   |  |  |  |  |  |
| your proposed project, and the name, address, telephone number and email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? |  |  |  |  |  |
| • 7. Commercialization Plan: The following applications require a Commercialization Plan: Phase I (DOE only), Phase II (all agencies), Phase I/II Fast-Track (all agencies). Include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions.           |  |  |  |  |  |
| * Attach File: Add Attachment Delete Attachment View Attachment   |  |  |  |  |  |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0001. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## **SBIR/STTR Information**

| 1 Sept. 2005         | Specific Questions:  |   |                                      |            |  |
|----------------------|--|---|--------------------------------------|------------|--|
| Question<br>question | ns 8 and 9 apply only to SBIR applications. If you a<br>n 10.  | re submitting <u>ONLY</u> an STTR application | ı, leave questions 8 and 9 blank and | proceed to |  |
| Yes No               | * 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.  |   |                                      |            |  |
|                      | * Attach File:   | Add Attachment Delete                         | Attachment View Attachment           |            |  |
| Yes No               | * 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?  |   |                                      |            |  |
|                      |  |   |                                      |            |  |
|                      | Specific Questions:  |   |                                      |            |  |
| Question             | ns 10 - 12 apply only to STTR applications. If you a   | re submitting <u>ONLY</u> an SBIR application | , leave questions 10 - 12 blank.     |            |  |
| Yes                  | * 10. Please indicate whether the answer to BOTH of the following questions is TRUE:   |   |                                      |            |  |
| □ No                 | (1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly<br>(as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the<br>small business through the STTR application process; AND<br>(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project? |   |                                      |            |  |
| Yes No               | * 11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?   |   |                                      |            |  |
|                      | * 12. Provide DUNS Number of non-profit research   | partner for STTR.                             |                                      | ang To con |  |