

Create Account

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

OMB Number: 1910-5178
Expiration: 07-31-2022

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" value="Username"/>
* 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"/>

Paperwork Reduction Act Burden Disclosure Statement

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Personal Information

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(Example: Mr., Ms., Dr.)

First Name

Middle Initial

Last Name

Suffix
(Example: Jr., Sr., III)

Contact Information

* Email Address (username@domain.com) Preferred
 (username@domain.com) Preferred
 (username@domain.com) Preferred

* Phone Number
 Select Type - Ext. Preferred
 - Ext. Preferred
 - Ext. Preferred
 - Ext. Preferred

Fax Number -

Website

ORCID iD [\(i\)](#)

* Mailing Address (Required)

Mailstop Code (Internal Routing)

Division / Department Name

Company

Address Type Domestic Address International Address

Specify Domestic Address (Street Address or PO Box Only or Rural Route)

* Address Street Number * Street Name
 Select One Number

* PO Box Only Number

* Rural Route Type Select Route Number Box

* City (Required if Zip is not specified)

Urbanization (Used only for Puerto Rico(PR))

* State (Required if City is specified)

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

Congressional District (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

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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)

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PRIVACY NOTICE

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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

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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
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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	NameUser1
Position Title (Example: Project Director, Director)	
Prefix (Example: Mr., Ms., Dr.)	None
* First Name	First Name
Middle Initial	
* Last Name	Last Name
Suffix (Example: Jr., Sr., III)	
Website	(Example: http://www.domain.com)
ORCID ID	N/A Register or Connect your ORCID ID

Demographic Information

Why providing your demographic information is important to the DOE Office of Science (SC)... (+ View More)

* 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"/> Other
* Citizenship	Select
* Disability	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Mobility/Orthopedic Impairment <input type="checkbox"/> Other

Contact Information

* Email Address	email@email2.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	Work: 000 000 - 0000 Ext. <input type="text"/> <input checked="" type="radio"/> Preferred Select Type: <input type="text"/> - <input type="text"/> Ext. <input type="text"/> <input type="radio"/> Preferred Select Type: <input type="text"/> - <input type="text"/> Ext. <input type="text"/> <input type="radio"/> Preferred Select Type: <input type="text"/> - <input type="text"/> Ext. <input type="text"/> <input type="radio"/> Preferred
Fax Number	<input type="text"/> - <input type="text"/>

Mailing Address (Optional)

Mailsstop 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)	
<input type="radio"/> Address	Street Number <input type="text"/> * Street Name <input type="text"/> Select One <input type="text"/> Number <input type="text"/>
<input checked="" type="radio"/> PO Box Only	Number 1004
<input type="radio"/> Rural Route	Type <input type="text"/> Number <input type="text"/> Box <input type="text"/>
* City	Germantown (Required if Zip is not specified)
Urbanization	(Used only for Puerto Rico(PR))
* State	MD (Required if City is specified)
* Zip Code (Lookup)	20874 (Required if City is not specified)
Congressional District	(Example: 01)

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

[Cancel and Return Home](#)

Choose Action

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

Specialty Selection

Specialties	<ul style="list-style-type: none"> 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 		
-------------	---	--	--

(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)

No documents attached

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Login

Award Search Existing User

Thursday 18th August 2022 03:01:03 P.M.

Annual User Acknowledgement

OMB Number: 1910-5178
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You are here: Home » Proposals » Guide Me » General [] » My Proposals

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, Projects/Subawards, and (+ View More)

OMB Number: 1910-5178
Expiration: 07-31-2022

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

Fields with * are required

Institution Information

* Institution Institution Name, City, State

* 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 Invite to Submit to DOE Office of Science (char)

* Program Manager Joseph, Renu

* Proposal Type New

Field Work Proposal Number (if applicable)

FWP Information		
#	FWP Number	Target Year

Research & Related Other 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

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

1 2 3 4 5 6 7 8

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

Yes No

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

IACUC Approval Date:

Animal Welfare Assurance Number:

Cancel

Choose Action Go

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ONS Number: 1910-5178
Expiration: 07-31-2022

Cover Page
 Budget
 Projects/Subawards (optional)
 Attachments

0000000: Institution Name, City, State PI:

Title: Invite to Submit to DOE Office of Science (change me)

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 (\$)	Fringe Benefits (\$)	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

B. Other Personnel

# of Personnel	Project Role	Months	Requested Salary(\$)	Fringe Benefits (\$)	Funds Requested (\$)	
Total Other Personnel						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)		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 1	Not Provided
9.	Other 2	Not Provided
10.	Other 3	Not Provided
11.	Other 4	Not Provided
12.	Other 5	Not Provided
13.	Other 6	Not Provided
14.	Other 7	Not Provided
15.	Other 8	Not Provided
16.	Other 9	Not Provided
17.	Other 10	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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Submission of this data is required.



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

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, Projects/Subawards, and (+ View More)

OMB Number: 1910-5178
Expiration: 07-31-2022

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

000000000: Institution Name, City, State PI:

Title: Invite to Submit to DOE Office of Science (change me)

Add Project/Subaward

UEI	DUNS	Institution	Options
-----	------	-------------	---------

No Subawards found.

[Back](#)

Choose Action

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OMB Number: 1910-5178 Expiration: 07-31-2022

- Cover Page Budget Projects/Subawards (optional) Attachments

000000000: Institution Name, City, State PI: Title: Invite to Submit to DOE Office of Science (change me)

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

Collaborator Information (Minimum 1) (Maximum 1) Attach File No documents attached

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Choose Action Go

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DOE Interagency Proposals - Submit Proposal

Complete the form below to submit a Proposal. Click on the edit icon (📄) to update each section. Once you are done updating the information, click the 'Continue' button. (+ View More)

OMB Number: 1910-5178
Expiration: 07-31-2022

- ✖ Cover Page
- ✖ Budget
- ✔ Projects/Subawards (optional)
- ✖ Attachments

Fields with * are required

Agency Information	
Agency Name	Institution Name
Address	Street Address, City, State, Zip

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

* 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

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

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DOE Interagency Proposals - Submit Proposal

Complete the form below to submit a Proposal. Click on the edit icon (🔗) to update each section. Once you are done updating the information, click the 'Continue' button. (- View More)

OMB Number: 1910-0178
Expiration: 07-31-2022

Cover Page
 Budget
 Projects/Subawards (optional)
 Attachments

000000000: Institution Name, City, State PI:

Title: Invite to Submit to DOE Office of Science (change me)

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 (\$)	Fringe Benefits (\$)	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	Requested Salary(\$)	Fringe Benefits (\$)	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
Number of Participant/Trainees (Not Provided)		
Total Participant/Trainee Support Costs		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 1	Not Provided
9.	Other 2	Not Provided
10.	Other 3	Not Provided
11.	Other 4	Not Provided
12.	Other 5	Not Provided
13.	Other 6	Not Provided
14.	Other 7	Not Provided
15.	Other 8	Not Provided
16.	Other 9	Not Provided
17.	Other 10	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

Back Choose Action

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DOE Interagency Proposals - Submit Proposal

Complete the form below to submit a Proposal. Click on the edit icon () to update each section. Once you are done updating the information, click the 'Continue' button. (+ View More)

OMB Number: 1910-5178
Expiration: 07-31-2022

- Cover Page Budget Projects/Subawards (optional) Attachments

000000000: Institution Name, City, State

PI:

Title: Invite to Submit to DOE Office of Science (change me)

Add Project/Subaward

Table with 4 columns: UEI, DUNS, Institution, Options

No Subawards found.

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Choose Action Go

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OMB Number: 1910-5178
Expiration: 07-31-2022

- ✔ Cover Page
- ✘ Budget
- ✔ Projects/Subawards (optional)
- ✘ Attachments

▼	000000000: Institution Name, City, State	PI:
Title: Invite to Submit to DOE Office of Science (change me)		
▼	* 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		
▼	* Collaborator Information (Minimum 1) (Maximum 1)	Attach File
No documents attached		

Back

Choose Action **Go**

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

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: 07-31-2022

Note(s):

Submitting duplicate Letters of Intent is not permitted. Any Letter of Intent identified as a duplicate will be disqualified.

Solicitation Information

Solicitation Number: DE-FOA-0002758: Fusion Energy Sciences - Reaching a New Energy Sciences Workforce (FES-RENEW)

* Institution: Select One

PI Information

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

Cancel

Save

Submit to DOE

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

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: 07-31-2022

Solicitation Information

Solicitation Number	DE-FOA-0002562: FY 2022 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

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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"/> Please only enter an EIN provided by the Internal Revenue Service (IRS) at https://www.irs.gov
UEI	<input type="text"/> UEI is a 12-character alphanumeric value that is unique to an entity and distinct from the DUNS. The UEI cannot contain the letters "O" or "I". UEIs are assigned and managed by the System for Award Management at www.sam.gov .
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)

Providing the address information below is optional. If you decide to provide the address then all fields marked with an * are required.

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

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You are here: Home » Tasks » Browse » Applicant/Grantee [] » Complete Revised Budget

Complete Revised Budget

OMB Number: 4040-0001
Expiration: 10-31-2019

Information on the Cover Page and in the Budget sections of the Revised Budget is, where available, initially populated from the Proposal. However, Budget information can (- View More)

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

Solicitation Information

Solicitation Number	Solicitation Number: Solicitation Name
Institution	Institution Name
Proposal ID	0000000000
Grants.Gov Tracking Number	GRANT00000000
Award Number	N/A

Institution Information

Address	Street Address City, State, Zip
---------	------------------------------------

Principal Investigator Information

Name	Last Name, First Name
Position/Title of PI	Professor
Phone Number	000-000-0000
Email Address	Email Address
Address	Stree Address City, State, Zip

Cancel

Choose Action

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You are Here: Home > Tasks > Browse > Applicant/Grantees > Complete Revised Budget

Complete Revised Budget

OMB Number: 4040-0001
Expiration: 10-31-2019

Information on the Cover Page and in the Budget sections of the Revised Budget is, where available, initially populated from the Proposal. However, Budget information can't view this.

Cover Page Budget Projects/Subawards (optional) Attachments

000000000: Institution Name, City, State PI: Schwartz, Daniel

Budget Period	Start Date	End Date	Delete Period
1	01/15/2022	01/14/2023	
2	01/15/2023	01/14/2024	Delete

Period 1 | Period 2 | Budget Summary Budget Tab Instructions

Budget Period Information	
Budget Period Start Date	01/15/2022
Budget Period End Date	01/14/2023

#	Prefix	First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months (0)	Acad. Months (0)	Sum. Months (0)	Requested Salary (\$)(0)	Fringe Benefits (\$)(0)	Funds Requested (\$)
1.										0.5	\$11,885.00	\$3,441.00	\$15,306.00
2.										0.5	\$7,313.00	\$2,121.00	\$9,434.00
Total Funds requested for all Senior Key Persons in the attached file													Not Provided
Total Senior Key Person													\$24,740.00

Additional Senior Key Persons (Maximum 1) Attach File

# of Personnel	Project Role	Cal. Months (0)	Acad. Months (0)	Sum. Months (0)	Requested Salary(\$)(0)	Fringe Benefits (\$)(0)	Funds Requested (\$)	
2	Graduate Students		9	3	\$70,038.00	\$7,704.00	\$77,742.00	
Total Number Other Personnel (2)							Total Other Personnel	\$77,742.00
Total Salary, Wages and Fringe Benefits (A+B)							\$102,482.00	

#	Equipment Item	Funds Requested (\$)
1.		\$6,000.00
Total Funds requested for all equipment in the attached file		Not Provided
Total Equipment		\$6,000.00

Additional Equipment (Maximum 1) Attach File

#	Item	Funds Requested (\$)
1.	Domestic Travel Costs (incl. Canada, Mexico, and U.S. Possessions)	\$3,000.00
2.	Foreign Travel Costs	Not Provided
Total Travel		\$3,000.00

#	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	
Number of Participants/Trainees (Not Provided)		Total Participants/Trainees Support Costs	\$0.00

#	Item	Funds Requested (\$)
1.	Materials and Supplies	\$10,852.00
2.	Publication Costs	\$1,500.00
3.	Consultant Services	Not Provided
4.	ADP/Computer Services	Not Provided
5.	Subawards/Contractor/Consultant Costs	Not Provided
6.	Equipment or Facility Rental/Lease Fees	Not Provided
7.	Alterations and Renovations	Not Provided
8.	Other 1 (Conference Registration Fees)	\$500.00
9.	Other 2 (Tuition and Fees)	\$33,944.00
10.	Other 3	Not Provided
11.	Other 4	Not Provided
12.	Other 5	Not Provided
13.	Other 6	Not Provided
14.	Other 7	Not Provided
15.	Other 8	Not Provided
16.	Other 9	Not Provided
17.	Other 10	Not Provided
Total Other Direct Costs		\$46,796.00

#	Item	Funds Requested (\$)
1.	Total Direct Costs (A thru F)	\$157,276.00

#	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.		56.50	\$116,234.00	\$66,802.00
Total Indirect Costs				\$66,802.00

Cognizant Federal Agency: HHS, Patrick Cugley, 616-426-3200 (Agency Name, POC Name and POC Phone Number)

#	Item	Funds Requested (\$)
1.	Total Direct and Indirect Costs (G+H)	\$224,080.00

#	Item	Funds Requested (\$)
1.	Fee	Not Provided

#	Item	Funds Requested (\$)
1.	Total Cost of Project (I+J)	\$224,080.00

Document Name	Size	Date Attached	Description	Options
21-11-0238_BAU87_2022-08-28_Revisee.pdf	2 MB	08/29/2022	Revised budget justification	Actions

Tasks Choose Action

Paperwork Reduction Act Burden Disclosure Statement

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