

National Science Foundation
NSF SBIR/STTR Administrative Questions

Please respond to these items, including signatures by the Principal Investigator (PI) and the Authorized Organizational Representative (AOR).

1. Please confirm that the PI will be primarily employed (51% or more) by the company for the duration of the award.

Affirm

2. Are there tasks in this proposal that overlap with those in any prior, current, or pending proposal or award involving the company or its personnel? If there are overlapping proposals or awards, please give details of all such projects, as required by the solicitation.

Yes No

3. Does the proposing small business have any affiliated companies? If so, please list these companies and explain how the firms are related. For more details: <https://www.sbir.gov/affiliation>

Yes No

4. Outside of their common involvement in the applicant small business, are there any relationships (personal, professional, or financial) between any project personnel (this includes subaward participants and consultants), company owners, officers, or employees? If yes, please explain.

Yes

No

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5. Has the current and pending support information for any person listed as a “senior person” in the project (or subaward) budget changed since the Phase I proposal was submitted? If the answer is yes, please send a list of current and pending support with this form.

Yes

No

6. Please provide a list of addresses for all locations where significant research on this SBIR/STTR project will be performed, if awarded. Please note whether each of these facilities is owned by the small business, leased by the small business, or neither of the above. For any of the listed facilities not owned by the small business, please include with your email response lease documentation (if leased) or a signed letter from the facility owner or administrator granting access to the small business.

Address of Facility	Owned/Leased/Other

7. Please provide a list of all company officers and all significant owners (individuals and institutions with more than a 5% equity share) along with their percentage ownership in the company. For each person listed, also please disclose a) any other current employers and b) expected level of effort, in hours per week, which they will commit to small business activities, if this project is awarded.

Name of individual/institution	Ownership (%)	Company Officer (Y/N)	If an individual, Phase I time commitment (hr/wk)

The above information is true and complete, to the best of my knowledge.

a) Principal Investigator

Signature: _____ Date _____

Printed Name: _____

Company Role: _____

b) Authorized Organizational Representative

Signature: _____ Date _____

Printed Name: _____

Company Role: _____

NSF Proposal ID # _____

Instructions for submission:

If you have completed this form using Adobe Reader, please provide your digital signature in the signature field.

You may also print, sign, and scan the form and submit via email.