

Funding Opportunity – Commercial Fabrication Facilities Guide: Full Application Cover Page (Web-form questions)

OMB Control #0693-0094, Expiration Date 09/30/2023

Document Overview

These instructions refer to the Full Application Cover Page web form that can be found in the [CHIPS Incentives Application Portal](#).

Applicants for the CHIPS Incentives program submitting a Full Application should complete this web form according to the instructions in this document.

Please refer to the CHIPS Incentives Program—Commercial Fabrication Facilities Notice of Funding Opportunity (CHIPS-CFF NOFO) section IV.I. for details on the full application. Please also refer to the FAQs on the CHIPS website (at <https://www.nist.gov/chips/frequently-asked-questions>) for general information on the full application.

Throughout the review process, the Department may request additional information and/or revisions regarding this submission.

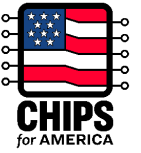
Instructions

Please populate all applicable and required fields to complete the Full Application Cover Page web form. If fields are pre-populated based data previously submitted, they must be verified for accuracy.

- **Name of Application:** Provide a descriptive name for the application / project(s) for which the entity is requesting CHIPS incentive funds.

Applicant Organization Information

- **Applicant Name:** Provide the legal name of the entity applying for CHIPS Incentives (not the individual filling out the application)
- **Corporate Parent Name (If applicable):** Provide the legal name of the corporate parent of the entity applying for CHIPS Incentives.
- **Mailing Address:** Include street address, city, state, and zip for US addresses and equivalent information for foreign addresses, including country/location. If you do not know the 9-digit zip code for your U.S. location, enter “0000” for the last four digits.
- **Organization Website:** Provide a URL address for the applying entity’s website (or corporate parent if entity does not have a website).
- **Is the applicant a consortium?:** Select “Yes” or “No” to indicate whether the applicant is a consortium. A consortium application involves an umbrella entity and multiple participating entities. For more information on consortium applications, refer to section III.A.1. of the CHIPS-CFF NOFO.



- **Have you registered for a SAM.gov account?** Choose “Yes” or “No” from the dropdown menu to indicate whether the potential applicant has applied for an account in the federal government’s System for Award Management (SAM.gov). A prerequisite for any award by the Department is an active registration in the System for Awards Management (SAM). Applicants are strongly encouraged to begin the process of registering for SAM.gov as early as possible. While this process ordinarily takes between three days and two weeks, in some circumstances it can take six or more months to complete due to information verification requirements. CPO is unable to issue a CHIPS Incentive to an entity that lacks an active SAM.gov registration.
- **UEI # [Optional]:** If the entity has already received a Unique Entity Identifier (UEI) via SAM.gov, enter the number. If the entity has not yet received a UEI, leave this box blank.

Applicant Point of Contact

Please enter information for the applicant point of contact, who should be an individual legally authorized to submit an application on behalf of the entity.

- **Full Name:** The full name of the point of contact
- **Title:** The official title of the point of contact at the applying entity
- **Email Address:** A business email for the point of contact
- **Phone Number:** A business phone number to reach the point of contact

Partnership information

- **Are there other entities (e.g., customers, suppliers, investors, advisors) you are partnering with in a meaningful way?:** Choose “Yes” or “No” from the dropdown menu to indicate whether the applicant is partnering with other entities.
- **Please describe any potential partners referred to above:** Provide names and brief description of any potential partners (maximum 1500 characters), as well as how the broader partnership will be governed.

Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0094. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 125 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory to be eligible for CHIPS Act Funding. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology at Cierra Bean, Business Operations Specialist, askchips@chips.gov.