

Program Announcement: <b>RFP-17-001</b>		<b>NASA Kentucky</b>		<b>Space Grant Programs Proposal Cover Page</b>	
Closing Date:		5:00 PM EDT October 13, 2016		Date Received:	
Space Grant Program (GF, TF, etc):				NASA Kentucky Proposal #	
Title of Proposed Project:					
Proposed Duration: (0-12 Months)		Proposed Start Date:		Total Amount Requested from NASA Kentucky:	
NASA Alignment:		<input type="checkbox"/> ARMD <input type="checkbox"/> HEOMD <input type="checkbox"/> SMD <input type="checkbox"/> STMD            (Check all that apply)			
Contact Info		PI		Co-I or Student	
Title First Name Last Name:					
Rank:					
Department:					
Organization:					
Address:					
City, State, Zip:					
Phone:					
E-mail:					
Gender (M/F):					
Citizenship:					
Spanish/Hispanic/Latino Ethnicity (Yes/No):					
Race:					
Student Name (GF and UF Only)			Student Signature (GF and UF Only)		Date
<b>Certification of Compliance with Applicable Executive Orders and U.S. Code:</b> By signing and submitting the proposal identified in this Cover Sheet/Proposal Summary in response to the NASA Kentucky request for a proposal under the Space Grant Consortium and EPSCoR Programs, the Authorizing Official of the proposing institution, as identified below: <ol style="list-style-type: none"> <li>certifies that the statements made in this proposal are true and complete to the best of his/her knowledge;</li> <li>agrees to accept the obligations to comply with NASA award terms and conditions if an award is made as a result of this proposal;</li> <li>provides certification to the following that have been reviewed on the following NASA website (<a href="http://code210.gsfc.nasa.gov/grants/grants.htm#Grant_Forms">http://code210.gsfc.nasa.gov/grants/grants.htm#Grant_Forms</a>): (i) Certification for Debarment, Suspension, and other Responsibility Matters; (ii) Certification Regarding Lobbying; (iii) Assurance for Nondiscrimination Compliance.</li> </ol>					
Name of Organization to which award should be made:			Authorized Organizational Representative: Name, Title		
Address				Phone	
City, State, Zip				E-mail	
PI Signature		Date		Authorized Rep. Signature	