Program Announcement: RFP-22-003		NASA Kentucky			y	Space Grant Programs Proposal Cover Page			
Closing Date:		5:00 PM ET June 14, 2022		Date Received:			For (Office Use Only	
Space Grant Program (GF, TP, etc):		·			NASA Kentucky Proposal #				
Title of Proposed Project:									
Proposed Duration (0-12 Months)	n:	Proposed Start Date:			nount Requested NASA Kentucky:				
NASA Alignment:		[] ARMD [] ESDMD [] SMD [] SOMD [] STMD [] OSTEM (Check all				that apply)			
Contact Info		PI				Co-l 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 (G		F and REU Only)			Student Si	udent Signature (GF and RE			Date
Certification of Compliance with Applicable Executive Orders and U.S. Code: 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: 1. certifies that the statements made in this proposal are true and complete to the best of his/her knowledge; 2. agrees to accept obligations to comply with NASA award terms and conditions if an award is made as a result of this proposal; 3. provides certification that the following have been reviewed under 2 CFR Appendix A to 1800: (i) Certification for Debarment, Suspension, and other Responsibility; (ii) Certification Regarding Lobbying; (iii) Assurance for Nondiscrimination Compliance.									
Name of Organization to whi		ch award shoul	e: Auth	Authorized Organizational Representative: Name, Title					
Address				1	Phone				
City, State, Zip			E-ma	il					
PI Signature		Date			Author		rized Rep. Signature		Date