

Program Announcement: RFP-25-001		NASA Kentucky		Space Grant Programs Proposal Cover Page	
Closing Date:		May 7, 2025		Date Received:	
Space Grant Program (GF, TP, etc):				NASA Kentucky Proposal #	
Title of Proposed Project:					
Proposed Duration: (0-12 Months)		Proposed Start Date:		Total Amount Requested from NASA Kentucky:	
NASA Alignment:		[] ARMD [] ESDMD [] SMD [] SOMD [] STMD [] OSTEM (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:					
Sex/Gender* (M/F):					
Citizenship:					
Spanish/Hispanic/ Latino Ethnicity* (Y/N):					
Race*:					
Student Name (GF and REU Only)			Student Signature (GF and REU Only)		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: <ol style="list-style-type: none"> certifies that the statements made in this proposal are true and complete to the best of his/her knowledge; agrees to accept obligations to comply with NASA award terms and conditions if an award is made as a result of this proposal; 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 which award should be made:			Authorized Organizational Representative: Name, Title		
Address				Phone	
City, State, Zip				E-mail	
PI Signature		Date		Authorized Rep. Signature	

Please use Adobe Acrobat or Reader to complete this form

Updated 4/18/25

* Optional voluntary fields