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|---|--|---|---|---|------|
| Program Announcement:<br><b>RFP-19-001</b>  |  | <b>NASA Kentucky</b>  |   | <b>Space Grant Programs<br/>Proposal Cover Page</b> |      |
| Closing Date:   |  | 4:30 PM ET<br>October 4, 2018   |   | 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:   |  |   |   |   |      |
| 1. certifies that the statements made in this proposal are true and complete to the best of his/her knowledge;<br>2. agrees to accept obligations to comply with NASA award terms and conditions if an award is made as a result of this proposal;<br>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 which award should be made:   |  |   | Authorized Organizational Representative: Name, Title |   |      |
|   |  |   |   |   |      |
| Address   |  |   |   | Phone   |      |
| City, State, Zip  |  |   |   | E-mail  |      |
| PI Signature  |  | Date  |   | Authorized Rep. Signature                           |      |
|   |  |   |   |   |      |