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| Program Announcement:<br><b>RFP-21-002</b>   |  | <b>NASA Kentucky</b>                                       |   | <b>EPSCoR RA</b><br><b>Pre-Proposal Cover Page</b> |  |
| Closing Date:  |  | 5:00 PM ET<br>DEC 1 2022                                   |   | Date Received:                                     |  |
| NASA EPSCoR Program:   |  | RA<br>Pre-Proposal   |   | NASA Kentucky Proposal #                           |  |
| Title of Proposed Project:   |  |  |   |  |  |
| Proposed Duration:<br>(max 36 months)  |  | Proposed Start Date:                                       |   | Total Amount Requested from NASA Kentucky:         |  |
| NASA Alignment:  |  | [ ] ARMD [ ] HEOMD [ ] SMD [ ] STMD (Check all that apply) |   |  |  |
| Contact Info   |  | PI   |   | Co-I   |  |
| 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:  |  |  |   |  |  |
| <p><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:</p> <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 obligations to comply with NASA award terms and conditions if an award is made as a result of this proposal;</li> <li>provides certification that Appendix C - Certifications, Assurances, and Representations of the NASA Grants and Cooperative Agreement Manual (GCAM) has been reviewed: (<a href="https://prod.nais.nasa.gov/pub/pub_library/srba/GCAMs.html">https://prod.nais.nasa.gov/pub/pub_library/srba/GCAMs.html</a>).</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                          |  |
|  |  |  |   |  |  |

*Authorized representative (AOR) signature not required for pre-proposal submission on Dec 1, 2021. AOR signature required only for full budget submission due Dec 8, 2021. (See RFP submission instructions)*