

FORM I

CHECKLIST FOR PROPOSERS

This checklist should be annotated to indicate that the stated items have been included in the proposal package.

Principal Investigator/Team Coordinator:

- ☐ Form A: IAO Proposal Application
- ☐ Form B: Proposal Executive Summary
- ☐ Form C: Project Signature Page
- ☐ Project Description
- ☐ Management Approach
- ☐ Letter of Assurance of Foreign Support (if applicable)
- ☐ Form D: Biographical Sketch
- ☐ Form E: Other Support
- ☐ Supporting Budgetary Information
- ☐ Form F: Detailed Budget 12 Month (1st year of support)
- ☐ Form G: Summary Budget Projection
- ☐ Form H: Summary Budget Form
- ☐ Facilities and Equipment Description
- ☐ Any other information
- ☐ Appendices, if any
- ☐ 25 copies of all material listed above

Only one copy of the following needs to be submitted:

- ☐ 3.5 inch computer diskette
- ☐ Form I: This checklist indicates all applicable items have been enclosed.

FORM A

PROPOSAL APPLICATION	LEAVE BLANK
IN RESPONSE TO THE INTERNATIONAL ANNOUNCEMENT OF OPPORTUNITY	NUMBER
FOR MICROGRAVITY RESEARCH	REVIEW GROUP
PLEASE FOLLOW INSTRUCTIONS CAREFULLY	DATE RECEIVED

1. COMPLETE TITLE OF PROJECT

2. PRINCIPAL INVESTIGATOR/TEAM COORDINATOR (First, middle, and last name; position)

3. COMPLETE MAILING ADDRESS

Internal Mail Code or Location

Office or Organization Division

Agency/Center, Company, or Institution

Street or P.O. Box

City, State Zip Code

COUNTRY

4. TELEPHONE NUMBER

(COUNTRYarea code, number)

FAX NUMBER

E-MAIL ADDRESS

5. TEAM MEMBERS/ CO-INVESTIGATORS (First, middle, and last name)

6. INSTITUTION

FORM B

PROPOSAL EXECUTIVE SUMMARY

**Principal Investigator/
Team Coordinator:
Co-Investigators/
Team Members:**

Proposal Title:

Executive Summary

Prepare a brief description of the proposal stating the objectives and specific aims of the proposed work. Describe the research design and methods for achieving these objectives and aims. This summary is meant to serve as a description of the proposed work independent of the proposal. Limit the summary to two pages or less.

Form C

PROJECT SIGNATURE PAGE

Complete Title of Project:

The signatories agree to accept responsibility for the scientific conduct of the project, within the roles and contributions described in this proposal.

Principal Investigator / Team coordinator:

Signature:.....

Date.....

Co-Investigator(s) / Team member(s):

Signature:.....

Date.....

Co-Investigator(s) / Team member(s):

Signature:.....

Date.....

Co-Investigator(s) / Team member(s):

Signature:.....

Date.....

Co-Investigator(s) / Team member(s):

Signature:.....

Date.....

Co-Investigator(s) / Team member(s):

Signature:.....

Date.....

Co-Investigator(s) / Team member(s):

Signature:.....

Date.....

FORM D

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel.
Photocopy this page or follow this format for each person.

NAME		POSITION TITLE	
EDUCATION/TRAINING			
INSTITUTION(S) AND LOCATION	DEGREE(S) (if applicable)	YEAR(S)	FIELD(S) OF STUDY

RESEARCH AND PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. Include present membership on any Federal Government public advisory committee. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.**

FORM E

OTHER SUPPORT

On a separate page, please provide information regarding specific sources of other support for the principal investigator and each co-investigator (not consultants). The information should be provided separately for each individual in the format shown below. Please list all active support for an individual before listing pending support. Include the label “Form E” and the principal investigator’s name at the top of each page and number pages consecutively.

NAME OF INDIVIDUAL		
ACTIVE/PENDING		
Project Number (Principal Investigator)	Dates of Approved/Proposed Project	Percent Effort
Source	Annual Costs	
Title of Project (or Subproject)		
One sentence description of project goals. (The major goals of this project are...)		
Brief description of potential scientific or commitment overlap with respect to this individual between this application and projects described above(summarized for each individual).		

FORM F

PRINCIPAL INVESTIGATOR/TEAM COORDINATOR:

DETAILED BUDGET FOR 12-MONTH BUDGET PERIOD DIRECT COSTS ONLY		FROM		THROUGH	
Duplicate this form for each year of grant support requested					
PERSONNEL (Applicant Organization Only)		FUNDING AMOUNT REQUESTED			
NAME	ROLE IN PROJECT	EFFORT ON PROJECT	SALARY	FRINGE BENEFITS	TOTALS
	Principal Investigator/Team Coordinator				
SUBTOTALS →					
SUBCONTRACTS					
CONSULTANT COSTS					
EQUIPMENT (Itemize, use additional sheet if needed)					
SUPPLIES (Itemize by category, use additional sheet if needed)					
TRAVEL	DOMESTIC				
	NON-DOMESTIC				
OTHER EXPENSES (Itemize by category, use additional sheet if needed)					
TOTAL DIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD					
INDIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD					
TOTAL COST FOR FIRST 12-MONTH BUDGET PERIOD					

FORM G

PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR:

BUDGET FOR ENTIRE PROJECT PERIOD DIRECT COSTS ONLY				
BUDGET CATEGORY TOTALS		1 st BUDGET PERIOD	ADDITIONAL YEARS OF SUPPORT REQUESTED	
			2 nd	3 rd
PERSONNEL (Salary and Fringe Benefits) (Applicant organization only)				
SUBCONTRACTS				
CONSULTANT COSTS				
EQUIPMENT				
SUPPLIES				
TRAVEL	DOMESTIC			
	NON-DOMESTIC			
OTHER EXPENSES				
TOTAL DIRECT COSTS FOR EACH PERIOD				
TOTAL INDIRECT COSTS FOR EACH PERIOD				
TOTAL DIRECT + INDIRECT COSTS FOR EACH PERIOD				
TOTAL DIRECT + INDIRECT COSTS FOR ENTIRE PROJECT				

JUSTIFICATION FOR UNUSUAL EXPENSES (Detail Justification in Cost Section of Proposal)