

COVER SHEET FOR PROPOSAL TO THE ALABAMA CENTER FOR ESTUARINE STUDIES

PROGRAM ANNOUNCEMENT/SOLICITATION NO./CLOSING DATE		FOR ACES USE ONLY ACES PROPOSAL NUMBER	
FOR CONSIDERATION BY ORGANIZATION UNIT(S) (I.E., SGER)			
EMPLOYER IDENTIFICATION NUMBER (EIN) OR TAXPAYER IDENTIFICATION NUMBER (TIN)	IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER AGENCY? ~ YES ~ NO IF YES, LIST ACRONYM(S)	DATE RECEIVED	NO. OF COPIES
NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE		ADDRESS OF AWARDEE ORGANIZATION, INCLUDING ZIP CODE	
NAME OF PERFORMING ORGANIZATION, IF DIFFERENT FROM ABOVE		ADDRESS OF PERFORMING ORGANIZATION, IF DIFFERENT, INCL. ZIP CODE	
TITLE OF PROPOSED PROJECT			
REQUESTED AMOUNT \$	PROPOSED DURATION (1-36 MONTHS) months	REQUESTED STARTING DATE	
CHECK APPROPRIATE BOXES (ES) IF THIS PROPOSAL INCLUDES ANY OF THE ITEMS LISTED BELOW (You may refer to NSF Document GPG for Definitions)			
~ SMALL GRANT FOR EXPLORATORY RESEARCH (SGER) (GPG II.D.12)		~ HUMAN SUBJECTS (GPG II.D.12)	
~ VERTEBRATE ANIMALS (GPG II.D.12) IACUC App. Date _____		Exemption Subsection _____ or IRB App. Date _____	
~ INTERNATIONAL COOPERATIVE ACTIVITIES: COUNTRY/COUNTRIES _____			
PI/PD DEPARTMENT	PI/PD POSTAL ADDRESS		
PI/PD FAX NUMBER			
NAMES (TYPED)	Social Security No.*	Highest Degree, Year	Telephone No.
PI/PD NAME			Electronic Mail Address
CO-PI/PD			
CO-PI/PD			
CO-PI/PD			
CO-PI/PD			

NOTE: THE FULLY SIGNED CERTIFICATION PAGE MUST BE SUBMITTED IMMEDIATELY FOLLOWING THIS COVER SHEET.

*Submission of Social Security Numbers is voluntary and will not affect the organization's eligibility for an award.

CERTIFICATION PAGE

Certification for Principal Investigators and Co-Principal Investigators

I certify to the best of my knowledge that:

- (1) the statements herein (excluding hypotheses and scientific opinions) are true and complete, and
- (2) the text and graphics herein, as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the signatories or individuals working under their supervision. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this application.

I understand that the willful provision of false information or concealing a material fact in this proposal or any other communication submitted to ACES is a criminal offense (U.S. Code, Title 18, Section 1001).

Named (Typed)	Signature	Date
PI/PD		
Co-PI/PD		
Co-PI/PD		
Co-PI/PD		
Co-PI/PD		

Certification for Authorized Organizational Representative or Individual Applicant

By signing and submitting this proposal, the individual applicant or the authorized official of the applicant institution is: (1) certifying that statements made herein are true and complete to the best of his/her knowledge; and (2) agreeing to accept the obligation to comply with ACES award terms and conditions if an award is made as a result of this application. Further, the applicant is hereby providing certifications regarding Federal debt status, debarment and suspension, drugfree workplace, and lobbying activities (see below), as set forth in the *Grant Proposal Guide (GPG)*, NSF 95-27. Willful provision of false information in this application and its supporting documents or in reports required under an ensuing award is a criminal offense (U.S. Code, Title 18, Section 1001).

In addition, if the applicant institution employs more than fifty persons, the authorized official of the applicant institution is certifying that the institution has implemented a written and enforced conflict of interest policy that is consistent with the provisions of *Grant Policy Manual* Section 510; that to the best of his/her knowledge, all financial disclosures required by that conflict of interest have been made; and that all identified conflicts of interest will have been satisfactorily managed, reduced or eliminated prior to the institution's expenditure of any funds under the award, in accordance with the institution's conflict of interest policy.

Debt and Debarment Certifications

(If answer is "yes" to either, please provide explanation)

Is the organization delinquent on any Federal debt? Yes ~ No ~

Is the organization or its principals presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by a Federal Department or Agency? Yes ~ No ~

Certification Regarding Lobbying

This certification is required for an award of a Federal contract, grant or cooperative agreement exceeding \$100,000 and for an award of a Federal loan of a commitment providing for the United States to insure or guarantee a loan exceeding \$150,000.

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connections with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

AUTHORIZED ORGANIZATION REPRESENTATIVE	SIGNATURE	DATE
NAME/TITLE (TYPED)		
TELEPHONE NUMBER	ELECTRONIC MAIL ADDRESS	FAX NUMBER

Current and Pending Support

The following information should be provided for each investigator and other senior personnel. Failure to provide this information may delay consideration of this proposal.

Investigator:	Other agencies to which this proposal has been/will be provided.
Support: 9 Current 9 Pending 9 Submission Planned in Near Future 9 Transfer of Support	
Project/Proposal Title:	
Source of Support:	
Total Award Amount:	Total Award Period Covered:
Location of Project:	
Person-Months Committed to the Project:	Cal: Acad: Summ:
Support: 9 Current 9 Pending 9 Submission Planned in Near Future 9 Transfer of Support	
Project/Proposal Title:	
Source of Support:	
Total Award Amount:	Total Award Period Covered:
Location of Project:	
Person-Months Committed to the Project:	Cal: Acad: Summ:
Support: 9 Current 9 Pending 9 Submission Planned in Near Future 9 Transfer of Support	
Project/Proposal Title:	
Source of Support:	
Total Award Amount:	Total Award Period Covered:
Location of Project:	
Person-Months Committed to the Project:	Cal: Acad: Summ:
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Total Award Amount:	Total Award Period Covered:
Location of Project:	
Person-Months Committed to the Project:	Cal: Acad: Summ:
Support: 9 Current 9 Pending 9 Submission Planned in Near Future 9 Transfer of Support	
Project/Proposal Title:	
Source of Support:	
Total Award Amount:	Total Award Period Covered:
Location of Project:	
Person-Months Committed to the Project:	Cal: Acad: Summ:

*If this project has previously been funded by another agency, please list and furnish information for immediately preceding funding period.