

**U.S. ENVIRONMENTAL PROTECTION AGENCY
SMALL BUSINESS INNOVATION RESEARCH
PROGRAM
PROPOSAL COVER SHEET**

Proposal Title

Company Name

Number of Previous SBIR Awards

Street Address

City

State

ZIP

+4

Website

24 Months

Proposed Duration (Phase II)

No. of Employees

Phase I Research Topic Code

Topic Title

*****Proposals submitted in response to this solicitation will be valid for 300 days*****

Certification and Authorizations (Check Y (Yes) or N (No))

- ☐ Y ☐ N The above concern certifies that it is a small business concern and meets the definition as stated in the program solicitation.
- ☐ Y ☐ N The above concern certifies that a minimum of 1/2 of the research and/or analytical effort will be performed by the proposing firm.
- ☐ Y ☐ N The above concern certifies that it is a woman owned small business concern and meets the definition as stated in the solicitation.*
- ☐ Y ☐ N The above concern certifies that it is a socially and economically disadvantaged small business concern and meets the definition as stated in the solicitation.*
- ☐ Y ☐ N The above concern certifies it is a HUBZone small business concern and meets the definition as stated in the solicitation.*
- ☐ Y ☐ N The above concern certifies that the principal investigator is a woman and meets the definition as stated in the solicitation.*
- ☐ Y ☐ N The above concern certifies that it is a socially and economically disadvantaged individual and meets the definition as stated in the solicitation.*

*For statistical purposes only.

If the proposal does not result in an award, is the Government permitted to disclose the title and technical project summary of your proposed project, and the name, address, and telephone number of the official of the proposing firm to any inquiring parties?

☐ Yes ☐ No

Do you plan to send, or have you sent this proposal or a similar one to any other federal agency? ☐ Yes ☐ No

If yes, which? Use acronym(s) for each agency, (e.g., DOD, NIH, DOE, NASA, etc.)

Choose one of the following to describe your organization type:

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

Please provide the following information:

Tax Identification Number

Unique Entity Identifier Number
(UEI) obtained from sam.gov

SBC_
Small Business Concern (SBC) Control ID

The Offeror is in full agreement with the terms, conditions and provisions included in this solicitation, as evidenced by signatures below.

Contact Information

Principal Investigator

Business Representative

First Name MI Last Name

First Name MI Last Name

Title

Title

Telephone

Telephone

Email Address

Email Address

Signature Date

Signature Date

Proprietary Notice

This proposal includes data that shall not be disclosed outside the Government and shall not be duplicated, used, or disclosed—in whole or in part—for any purpose other than to evaluate this proposal. If, however, a contract is awarded to this offeror as a result of—or in connection with—the submission of this data, the Government shall have the right to duplicate, use, or disclose the data to the extent provided in the resulting contract. This restriction does not limit the Government's right to use information contained in this data if it is obtained from another source without restriction. The data subject to this restriction are contained on pages _____ of this proposal.