

**UNITED STATES DEPARTMENT OF AGRICULTURE  
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE  
PROPOSAL COVER PAGE**

OMB Approved 0524-0039

1. LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE		3. NAME AND TITLE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (AOR)		
2. ADDRESS (Give complete mailing address and Zip Code)		4. a. Telephone No.:	b. Fax Number:	c. E-mail Address:
		5. ADDRESS OF AOR (If different from Item 2.)		
6a. TYPE OF PERFORMING ORGANIZATION (Choose 1 only)  01 <input type="checkbox"/> USDA Agency 02 <input type="checkbox"/> Other Federal Agency/Department 03 <input type="checkbox"/> 1862 Land-Grant University 04 <input type="checkbox"/> 1890 Land-Grant University (including Tuskegee Univ.) 05 <input type="checkbox"/> 1994 Land-Grant University 06 <input type="checkbox"/> Private University of College 07 <input type="checkbox"/> Non-Land-Grant Public University or College 04 <input type="checkbox"/> 1890 Land-Grant University		08 <input type="checkbox"/> Private For-Profit 09 <input type="checkbox"/> Private Non-Profit 10 <input type="checkbox"/> Public Secondary School 11 <input type="checkbox"/> State, Local or Tribal Government 12 <input type="checkbox"/> Individual 13 <input type="checkbox"/> Other		6b. In addition, PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY:  <input type="checkbox"/> Alaska Native-Serving Institution <input type="checkbox"/> Cooperative Extension Service <input type="checkbox"/> Native Hawaiian-Serving Institution <input type="checkbox"/> Hispanic-Serving Institution <input type="checkbox"/> Historically Black College or University (other than 1890) <input type="checkbox"/> School of Forestry <input type="checkbox"/> State Agricultural Experiment Station <input type="checkbox"/> Tribal College (other than 1994) <input type="checkbox"/> Veterinary School or College
7. TITLE OF PROPOSED PROJECT (140-character maximum, including spaces)				
8. PROGRAM TO WHICH YOU ARE APPLYING (Include Program Area and Number: Refer to Federal Register announcement or program solicitation where applicable)		9. TAX IDENTIFICATION NO. (TIN)	10. CONGRESSIONAL DISTRICT NO.	
11. DUNS NO. (Data Universal Numbering System)		12. PROPOSED START DATE	13. DURATION REQUESTED (No. of months)	
14. TYPE OF REQUEST (Check only one)  <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Supplement <input type="checkbox"/> Resubmission <input type="checkbox"/> Resubmitted Renewal  <input type="checkbox"/> Continuing Increment <input type="checkbox"/> PD Transfer    [PRIOR USDA Award No. _____]			15. FEDERAL FUNDS REQUESTED (From Form CSREES-2004)	
16. PROJECT DIRECTOR (PD)		17. PD BUSINESS ADDRESS (INCLUDE DEPARTMENT/ZIP CODE)		
18. a. PD Phone No.:	b. PD Fax No.:	c. PD E-mail Address:		
19. CO-PD(S) NAME		TELEPHONE NUMBER	E-MAIL ADDRESS	
20. IF THIS IS A RESEARCH PROJECT, WILL IT INVOLVE RECOMBINANT DNA, HUMAN SUBJECTS, OR LIVING VERTEBRATE ANIMALS?  <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete Form CSREES-2008)		21. WILL THIS PROJECT BE SENT OR HAS IT BEEN SENT TO OTHER FUNDING AGENCIES, INCLUDING OTHER USDA AGENCIES?  <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list Agency acronym(s) & program(s))		
By signing and submitting this proposal, the applicant is providing the required certifications set forth in 7 CFR Part 3017, as amended, regarding Debarment and Suspension and Drug-Free Workplace; and 7 CFR Part 3018 regarding Lobbying. Submission of the individual forms is not required. (Please read the Certifications included in this booklet before signing this form.) In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any award the obligation to comply with the terms and conditions of the Cooperative State Research, Education and Extension Service in effect at the time of the award.				
SIGNATURE OF PROJECT DIRECTOR(S) (All PDs listed in blocks 16 or 19 must sign if they are to be included in award documents.)			DATE	
SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE (Same as Item 3)			DATE	
SIGNATURE (OPTIONAL USE)			DATE	

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0524-0039. The time required to complete this information collection is estimated to average 3.00 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**Place this form after the last page of the signed original proposal only. Do not attach to the copies of the proposal!!!**

**PERSONAL DATA ON  
PROJECT DIRECTOR**

The Cooperative State Research, Education, and Extension Service (CSREES) has a continuing commitment to monitor the operation of its review and award processes to detect--and deal appropriately with--any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed project director.

To provide CSREES with the information it needs for this important task, complete the form below and attach it after the last page of the signed original of the application. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by CSREES, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential. CSREES requests Social Security Numbers for accurate identification, referral, and for management of CSREES programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number. All analyses conducted on the date of birth and race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. CSREES requests the Social Security Number under 7 U.S.C. 3318.

If you decline to provide this information, it will in no way affect consideration of your application.

Your cooperation will be appreciated.

Project Director/Co-Project Director(s) (Last, First, Middle):	Date of Birth	Gender	Social Security No.

If additional space is needed for more co-PDs, please attach an additional sheet.

The following information refers only to the primary Project Director.

<p>Race of PD - Check all that apply <i>(for statistical purposes only)</i>.</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Check here if you do not wish to provide some or all of the above information.</p>	<p>Ethnicity of PD <i>(for statistical purposes only)</i>.</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Not Hispanic or Latino</p>
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