

**UNITED STATES DEPARTMENT OF AGRICULTURE  
SMALL BUSINESS INNOVATION RESEARCH  
SOLICITATION NO. USDA / 04-1**

**Phase I and Phase II  
Proposal Cover Sheet**

OMB Approved 0524-0025

Date Received		Proposal No. (for USDA use only)
---------------	--	----------------------------------

<b>SUBMITTED</b>	<b>Small Business Firm:</b>
	<b>Mailing Address:</b>

**Project Title:**

<b>Topic No. and Area (check appropriate box; see Section 8.0)</b>	<input type="checkbox"/> 8.4 Air, Water and Soils <input type="checkbox"/> 8.5 Food Science and Nutrition <input type="checkbox"/> 8.6 Rural and Community Development <input type="checkbox"/> 8.7 Aquaculture	<input type="checkbox"/> 8.8 Industrial Applications <input type="checkbox"/> 8.9 Marketing and Trade <input type="checkbox"/> 8.10 Wildlife
<input type="checkbox"/> 8.1 Forests and Related Resources <input type="checkbox"/> 8.2 Plant Production and Protection <input type="checkbox"/> 8.3 Animal Production and Protection		

<b>Amount Requested: (\$)</b>	<b>Proposed Duration (Mos.):</b>	<b>Congressional District No.:</b>	<b>YES</b>	<b>NO</b>
-------------------------------	----------------------------------	------------------------------------	------------	-----------

1. The above concern certifies that it meets the first two criteria of a small business concern as stated in this solicitation or that it will meet that definition at time of award. (See subsection 2.2).		
2. The above concern certifies that it qualifies as a socially and economically disadvantaged small business as defined in this solicitation (See subsection 2.4). (For statistical purposes only).		
3. The above concern certifies that it qualifies as a women-owned small business as defined in this solicitation (See subsection 2.5). (For statistical purposes only).		
4. The above concern certifies that the business concern qualifies as a HUBZone-owned small business concern and meets the definition as stated in the solicitation (See section 2.6). (For statistical purposes only).		
5. Is the above concern affiliated with another organization? If yes, list affiliated organizations below.		
6. The above concern certifies that the Project Director's primary employment (at least 51%) will be with proposing firm at the time of any resulting award and during the conduct of the proposed research (See subsection 2.2(C)).		
7. The above concern certifies a minimum of two-thirds of the research (phase I) or one-half the research (phase II) will be performed by this firm (See subsection 2.2(D)).		
8. Will you permit the Government to disclose the title and technical abstract page of your proposed project, plus the name, address, and telephone number of the corporate official of your firm, if your proposal does not result in an award, to entities that may be interested in contacting you for future information?		
9. Do you plan to send, or have you sent, this proposal or a similar one to any other Federal agency? If yes, give acronym(s); e.g., DOE, NIH, NSF, etc.		
10. Is the organization delinquent on any Federal Debt? (See subsection 5.11). (If yes, attach explanatory information).		
11. Will the work in this proposal involve recombinant DNA, living vertebrate animals, or human subjects? (If yes, complete Form CSREES-2008).		
12. Is this proposal a resubmission of a proposal submitted earlier to the USDA SBIR Program (See subsection 3.3(D)). If yes, list the proposal number _____.		

By signing and submitting this proposal, the prospective grantee 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. (Please read the Certifications and Instructions included in this solicitation before signing this form.) In addition, the prospective grantee certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any grant 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. \*Submission of the Social Security Number is voluntary and will not affect the organization's eligibility for an award. However, it is an integral part of the CSREES information system and will assist in the processing of the proposal.

<b>PROJECT DIRECTOR</b>		<b>AUTHORIZED ORGANIZATIONAL OFFICIAL</b>	
Name and Title		Name and Title	
Address		Address	
Social Security Number	E-mail	E-Mail	
Telephone No.	Fax No.	Telephone No.	Fax No.
Signature	Date	Signature	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 0524-0025. The time required to complete this information collection is estimated to average 1.4 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.

**PROPRIETARY NOTICE (IF APPLICABLE, SEE SUBSECTION 5.4)**

The following pages (specify) contain proprietary information which (name of proposing organization) requests not be released to persons outside the Government, except for purposes of evaluation.