

**U.S. DEPARTMENT OF DEFENSE  
SMALL BUSINESS TECHNOLOGY TRANSFER (STTR) PROGRAM  
PROPOSAL COVER SHEET**

Failure to fill in all appropriate spaces may cause your proposal to be disqualified

TOPIC NUMBER:	PROPOSAL TITLE:	
PRINCIPAL INVESTIGATOR:		PI TELEPHONE:
PROPOSED COST:	PHASE I OR II:	PROPOSED DURATION IN MONTHS:

FIRM			RESEARCH INSTITUTION		
NAME:			NAME:		
STREET:			STREET:		
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:
CORPORATE OFFICIAL NAME:			INSTITUTE OFFICIAL NAME:		
TITLE:			TITLE:		
PHONE:	FAX:		PHONE:	FAX:	
PERCENTAGE OF WORK: (minimum of 40%)			PERCENTAGE OF WORK: (minimum of 30%)		

**CERTIFICATION:** YES    NO  
Is the FIRM a small business as described in section 2.3? ~        ~

Number of employees in the FIRM including all affiliates: \_\_\_\_\_

Is the INSTITUTION a research institution as defined in section 2.4? ~        ~

Is the FIRM a socially and economically disadvantaged business as defined in section 2.5?  
(Collected for statistical purposes only) ~        ~

Is the FIRM a woman-owned small business as described in section 2.6?  
(Collected for statistical purposes only) ~        ~

Has this proposal has been submitted to other government agencies or DoD components? ~        ~  
If yes, list the names of the agency or component and topic number below:



For any purpose other than to evaluate the proposal, this data except Appendix A and B shall not be disclosed outside the Government and shall not be duplicated, used or disclosed in whole or in part, provided that if a contract is awarded to this proposer 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 funding agreement. This restriction does not limit the Government's right to use information contained in the data if it is obtained from another source without restriction. The data subject to this restriction is contained on the pages of the proposal listed on the line below.

PROPRIETARY INFORMATION: \_\_\_\_\_

Before signing below, please read the cautionary note at Section 3.7.

SIGNATURE OF PRINCIPAL INVESTIGATOR	DATE	SIGNATURE OF CORPORATE OFFICIAL	DATE	SIGNATURE OF INSTITUTION OFFICIAL	DATE
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## INSTRUCTIONS FOR COMPLETING APPENDIX A

### AND APPENDIX B

#### General:

DOD Components employ automated optical devices to record STTR proposal information. Therefore the proposal cover sheet (Appendix A) and the project summary (Appendix B) should be TYPED without proportional spacing using one of the following type styles:

Courier 12,10 or 12 pitch  
Courier 71 10 pitch  
Elite 71  
Letter Gothic 10 or 12 pitch  
OCR-B 10 or 12 pitch  
Pica 72 10 pitch  
Prestige Elite 10 or 12 pitch  
Prestige Pica 10 Pitch

Whenever a numerical value is requested type the numerical character (i.e. in "Proposed Duration" type 6 NOT six).

When typing address information use the two alphabet characters used by the Post Office for the state, DO NOT SPELL OUT THE FULL STATE NAME (i.e. type NY not New York or N.Y.).

The original proposal (with forms) plus (4) complete copies must be submitted (see Section 6).

Carefully align the forms in the typewriter using the underlines as a guide. The forms are printed to accommodate standard typewriter spacing.

#### **Request for Copies:**

Additional forms may be downloaded from our Home Page (<http://www.acq.osd.mil/sadbu/sbir>). They may also be obtained from your State SBIR/STTR Organization (Reference D) or:

DoD SBIR/STTR Support Services  
2850 Metro Drive  
Suite 600  
Minneapolis, MN 55425-1566  
(800) 382-4634