

Ames Laboratory

PP#

PRELIMINARY PROPOSAL FORM

Agreement #

(Obtain by calling 4-6486)

(Completed by OSRA)

Part 1. Proposed Work Description (To be completed by the Principal Investigator(s))

1.1 Title of Project:

1.2 Ames Laboratory Principal Investigator(s): If receipt of funding on this proposal creates a conflict of interest (COI), please attach a memo detailing the COI. See the Ames Lab Consulting & Conflict of Interest Policy for reference.

Table with 3 columns: Type name(s) and telephone numbers (s), Do you have a Conflict of Interest?, Signature(s). Rows include phone numbers 294- and checkboxes for Y/N.

1.3 Proposal is being submitted to (check all that apply): DOE, Ames Lab LDRD, Other Fed. Agency, Non-Fed. Sponsor, Foreign Entity. For Other Federal Agency, Non-Federal, or Foreign Entity, list Sponsor Name, Point of Contact and Address:

& complete Part 1A (Page 6). If Foreign Entity, please complete Part 1A and Part 1B and submit to Deb Covey immediately as approval must be received from DOE Headquarters, even at the Whitepaper stage.

1.4 Project Duration: M / D / Y - M / D / Y 1.5 Total Estimated Funding: K \$

1.6 Is this proposal in response to a formal solicitation (BAA, FOA, etc)? Yes No. If yes, provide Solicitation title and number, and sponsor name. (eg. STTR through DOD):

If no formal solicitation, list reason for submission and name of individual requesting proposal:

1.7 Description of Project (Please attach a copy of the final proposal being submitted):

(Continue on attachment if necessary)

1.8 Bldg/Room No.(s) in which Project will be conducted:

1.9 Will the work involve access to classified information? Yes No. If yes, Laboratory Director signature required:

1.10 Do you anticipate that the Sponsor will provide:

Table with 2 columns: Information type (Proprietary, UCNI, NNPI, USI, OUO) and Yes/No checkboxes.

1.11 Is any information contained in the proposal considered "Official Use Only" information? Yes No

Is any of the information "Unclassified Sensitive Information"? Yes No

Is any of the information potentially patentable information? Yes No

If yes to any, has the proposal been marked on the cover page and on pertinent pages of the proposal to indicate OUO, Unclassified Sensitive Information, or Confidential? Yes No

1.12 Is there existing Intellectual Property involved in the project? Yes No



**Part 2. ES&H Review** *(To be completed and signed by the Principal Investigator and ESH&A)*

Some proposed research may require the approval of ISU committees (e.g. Institutional Review Board). This approval may take several weeks and is required prior to commencement of work. Please answer the following:

- 2.1 Will vertebrate animals be used in this project? Yes  No
- 2.2 Will recombinant DNA, human or animal pathogens be used? Yes  No
- 2.3 Will human subjects be used in this project? Yes  No
- 2.4 Will the work involve access to special nuclear materials? Yes  No

**If Yes, complete DOE form 5634.2 and submit to ESH&A; form available from ESH&A, G40 TASF.**

- 2.5 Will any radioactive or hazardous waste be generated under this project? Yes  No   
If yes, the proposal narrative must indicate the specific waste type that will be generated, and the budget must include a line item estimate for its disposal.

2.6 Identify any special ES&H requirements applicable to this work and how these requirements will be met:

- “There are no requirements outside of those covered under ISM and other Ames Laboratory ES&H policy and procedures.”**
- Or Explain: \_\_\_\_\_

**2.7 Readiness Review** *(To be completed and signed by the Principal Investigator and ESH&A)*

Does the proposed project include new or significantly modified activities, which have not been reviewed and approved by the Ames Laboratory Safety Review Committee?

- YES (Please complete and attach an Activity ES&H Hazard Identification Checklist for each new or significantly modified activity related to this proposed work.)
- NO (No Further Action)

Principal Investigator	Date
ESH&A Office Representative	Date

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2.8 NEPA (National Environmental Policy Act) Implications** *(To be completed by ESH&A)*

Does this proposed project fall under one of the Laboratory’s Categorical Exclusions?

- YES Please indicate which one:
  - “Bench-Scale Research Projects and Conventional Laboratory Activities” or
  - “Renovations and Maintenance Activities for Buildings, Structures, Infrastructures and Equipment”
- NO (ESH&A will have Principal Investigator complete an Environmental Evaluation Form [CH-560] for further NEPA review by ESH&A.) Form will be retained by ESH&A.

ESH&A Office Representative	Date
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Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Part 3. Sponsored Research & Administration** *(To be completed by the Assoc. Lab Director)*

3.1 If the answer to number 1A.18 is "Yes", affirm the following statements by initialing:

The work to be performed by subcontractors will be in direct support of Ames Laboratory, not the sponsor. \_\_\_\_\_

The selection of subcontractors and the work to be performed will be made by Ames Laboratory, not the sponsor. \_\_\_\_\_

3.2 Identify type of Non-DOE sponsor and applicable charge:

DOE Administrative Charge will be applied:

U.S. Federal Government (except as noted below)

Large Business

Foreign Government or Organization

DOE Administrative Charge will be waived for the following:

U.S. Domestic:

Non-Profit

Local Government

Small Business

Institute of Higher Education

State Government

DOE-wide blanket waiver; list exception: \_\_\_\_\_

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**Part 4. Export Control** *(To be completed by EC manager)*

4.1 Does this Project involve sensitive subjects or projects listed on AMES' Sensitive Technology List? Yes  No

If yes, explain. \_\_\_\_\_

4.2 If funded, research described in the attached proposal  will /  may not be "fundamental research", or  NA.

\_\_\_\_\_  
Export Control Officer

\_\_\_\_\_  
Date

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

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**Part 5. Budget and Personnel Requirements** *(To be completed with assistance from Budget Office)*

**5.1 Facilities and Equipment**

5.1a Will the use of Laboratory facilities for this work interfere with ongoing DOE work? Yes  No

5.1b Will there be any special space requirements beyond existing facilities? Yes  No

If yes, what requirements? \_\_\_\_\_

5.1c Is construction, modification, or restoration involved? Yes  No

If yes, Please describe. \_\_\_\_\_

5.1d Will any accountable equipment (unit cost in excess of \$5000) or sensitive items such as computers or peripherals be purchased under this agreement (non-Federal only)? Yes  No

If yes, describe it. (Such purchases must be for use by Ames Laboratory, and not the sponsor) \_\_\_\_\_

**5.2 LDRD (Complete for Other Federal Agencies only, except NIH)**

5.2a Estimated LDRD funds that will be collected as part of the normal indirect cost rate charged to the project (see Letters from ASO dated 5/22/2002)

\_\_\_\_\_  
\$K:

5.3 Include resource needs to address all aspects of the project including ES&H, NEPA, and waste disposal actions. *(Attach supplementary schedule as required) Note: If Sponsor is a Non-Federal entity, an Advanced Funds form (prepared by the Budget Office) is required to be completed and attached.*

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Budget Office Representative

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Date

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**Part 6. Laboratory Approvals (For Mission Relevance, Space needs, etc.)**

As per DOE Order 481.1C and DOE M 481.1-1A; this document certifies to the extent possible that: 1) The proposed work is consistent with or complementary to DOE missions and the missions of the facility to which the work is to be assigned. 2) The proposed work will not adversely impact execution of assigned programs of the facility. 3) The proposed work will not place the facility in direct competition with the domestic private sector. 4) The proposed work is not anticipated to create a detrimental future burden on DOE resources.

*Any potential conflict of interest on the part of Ames Laboratory employees who have a substantial role in the preparation, negotiation, or approval of this project has been addressed.*

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Program Director

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Date

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Associate Laboratory Director,  
Sponsored Research Administration

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Date

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Deputy Director

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Date

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*Note: After Deputy Director approves, return to the Office of Sponsored Research Administration, 311 TASF, for distribution.*

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**For DOE-CH Use Only****Contracting Officers Review/Acceptance:**

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Jennifer A. Stricker, Contracting Officer

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Date

**Part 1A. Complete & Attach ONLY if Proposal is being submitted to a NON-DOE Sponsor**

*(To be completed by the PI)*

1A.1 Non-DOE Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code Country

Technical Point of Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contractual Point of Contact (if known): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

If known, please indicate if Sponsor is a:  Large Business or  Small Business  
 Not for profit or University  Other Fed. Agency

1A.2 The Funds for this project are being sent to Ames Laboratory by: \_\_\_\_\_

1A.3 Is the sponsor foreign owned or controlled by a foreign organization? Yes  No  Don't know

If it is a foreign entity, what country? If a foreign owned or controlled, what organization owns the company and from what country? \_\_\_\_\_

1A.4 Is funding for this project being provided to the Non-Federal Sponsor by a Federal Agency? \_\_\_\_\_

Yes  No  Don't Know

If yes, by whom? \_\_\_\_\_

1A.5 Do you currently have or have you had non-DOE funding for this project? \_\_\_\_\_

Yes  No

If yes, explain: \_\_\_\_\_

1A.6 Would project interfere with other approved DOE work? \_\_\_\_\_

Yes  No

If yes, explain: \_\_\_\_\_

1A.7 Does project relate to ongoing work at the Laboratory? \_\_\_\_\_

Yes  No

If yes, specify DOE HQ Program Division, HQ program Manager, Field Work Proposal Number and B&R Number. \_\_\_\_\_

If no, how does this work complement DOE's mission? \_\_\_\_\_

1A.8 Does the capability to perform the work exist in domestic (U.S.) private facilities or laboratories? Yes  No

Give the basis for the conclusion and state why the sponsor would not use private facilities. \_\_\_\_\_

1A.9 What capabilities specifically unique to Ames Laboratory's R&D facilities and/or expertise are being utilized for this work? \_\_\_\_\_

1A.10 Does this project involve space nuclear, non-commercial power reactor, or radioisotope power source work? \_\_\_\_\_

Yes  No

**If yes, AMSO will obtain DOE-HQ, Office of Nuclear Energy (NE-50), approval.**

1A.11 Is Project related to nuclear, chemical, or biological non-proliferation detection technology? \_\_\_\_\_

Yes  No

1A.12 Will results of this Project be published and shared broadly within the scientific community? \_\_\_\_\_

Yes  No

1A.13 Will any sensitive country foreign nationals provide guidance, assistance, or perform any work on this project? [http://www.ameslab.gov/files/sensitive\\_country\\_list.pdf](http://www.ameslab.gov/files/sensitive_country_list.pdf) Yes  No

If yes, identify the country: \_\_\_\_\_

1A.14 Are you aware of a formal agreement or MOU between DOE and the Sponsor under which the work will be performed? Yes  No

If yes, reference the title to the agreement if available. \_\_\_\_\_

1A.15 Will any portion of this work be performed outside the United States? Yes  No

If yes, where? \_\_\_\_\_

**Personnel Requirements (List PI or Co-PI's here)**

1A.16	PI Name	% of Effort on this Project	Duration	AL Program	PI estimated % of total Ames Lab effort on:	
					DOE Projects	WFO Projects
_____	_____	_____	_____	_____	_____ %	_____ %
_____	_____	_____	_____	_____	_____ %	_____ %
_____	_____	_____	_____	_____	_____ %	_____ %

As of (Date): \_\_\_\_\_

1A.17 Will any new hires be required for this work, do not include XH? Yes  No  If Yes, how many? \_\_\_\_\_

**Subcontracting**

1A.18 Will outside consultants or subcontractors be required for any part of this work? Yes  No

If yes, enter the estimated amount per year (direct):

\$ Year 1                      \$ Year 2                      \$ Year 3                      \$ Year 4                      \$ Year 5

\_\_\_\_\_

What special capabilities of the consultants or subcontractors are needed?

\_\_\_\_\_  
 \_\_\_\_\_

1A.19 If subcontracting is expected to be greater than 20% of the total project, estimate:

- i. Percent of funds used for subcontracts/consultants: \_\_\_\_\_ (Subcontract Direct Costs Total/ Project Direct Cost Total)
- ii. Number of subcontracts/consultants: \_\_\_\_\_

**Technology Transfer and Intellectual Property**

1A.20 Is there Ames technology that has been, or will be developed specifically for transfer to the private sector? Yes  No

If yes, explain (e.g., is there a license agreement?) \_\_\_\_\_

1A.21 List any existing intellectual property (Either Ames Laboratory's or Iowa State University's) involved in the work (include AL#, ISURF#, or title of invention): List "None" if None.

\_\_\_\_\_  
 \_\_\_\_\_

1A.22 Is any potentially patentable information (IP where a patent application has not yet been filed) disclosed in the proposal? Yes  No

If yes, has the proposal been marked to indicate privileged information pursuant to 35USC205 and 37CFR401 (US Patent Law)? Yes  No

**Equipment and Sponsor Personnel**

1A.23 Will the sponsor provide to the Ames Lab any sponsor-owned equipment or material? Yes  No

1A.24 Is the sponsor sending its employee(s) to the Ames Lab to conduct part of the Scope of Work? Yes  No

**Part 1B. SC Foreign Work for Others Analysis Worksheet**

1. Site office and Lab Name: Ames Site Office; The Ames Laboratory
2. Agreement Mechanism (to be completed by OSRA):  
 Non-Fed WFO     CRADA     ACT     Other(specify) \_\_\_\_\_
3. Sponsor Name and Type: \_\_\_\_\_  
 Sensitive or Terrorist Country (Check if yes)
4. Proposal Number and Title: \_\_\_\_\_
5. Period of Performance (POP): \_\_\_\_\_
6. Total Project Cost (TPC) (\$M):  
 Cost by FY: FY2012 \_\_\_\_\_ FY2013: \_\_\_\_\_ FY2014: \_\_\_\_\_ FY2015: \_\_\_\_\_
7. Summary statement of work (SOW): \_\_\_\_\_
8. Are there potential technology transfer consequences (detrimental) relative to information/ technology/ product loss?  
 If yes, please describe. \_\_\_\_\_  
 Yes  No
9. Benefit to Government/SC/SC Labs: \_\_\_\_\_

For Ames Lab EC Manager Use Only	For DOE Use Only
<p>10. Review conducted for Export Control?</p> <p><input type="checkbox"/> Yes-Date (state if it is in process &amp; date sent) Date: _____</p> <p><input type="checkbox"/> No- State why: _____</p>	<p>Review conducted by CI?</p> <p><input type="checkbox"/> Yes-Date (state if it is in process &amp; date sent) Date: _____</p> <p><input type="checkbox"/> No- State why: _____</p>
<p>Cognizant PSO notification?</p> <p><input type="checkbox"/> Yes-Date (state if it is in process &amp; date sent) Date: _____</p> <p><input type="checkbox"/> No- State why: _____</p>	<p>Review conducted by PI-31?</p> <p><input type="checkbox"/> Yes-Date (state if it is in process &amp; date sent) Date: _____</p> <p><input type="checkbox"/> No- State why: _____</p>
<p>11. Recommendation by Site office: <input type="checkbox"/> Approve                      <input type="checkbox"/> Not Approve</p> <p>Basis: _____</p>	
<p>12. Concurrence by SC-1</p> <p><input type="checkbox"/> Concur                      Date: _____                      Signature: _____</p> <p><input type="checkbox"/> Non-Concur                      Date: _____</p>	