**TEES/JHTO-RPP-2021-001**

**White Paper**

|  |  |
| --- | --- |
| **Project Title** |  |
| **Technical Area** | Choose an item. |
| **Topic Number** | # Choose an item. |
| **Applicant Organization** |  |
| **Primary Technical Point of Contact (POC)** | Name:  Organization:  Mailing Address:  Telephone:  Email: |
| **Co-PIs** | Name:  Institution:  Name:  Institution: |
| **Primary Business POC** | Name:  Organization:  Title:  Mailing Address:  Telephone:  Email: |
| **Total Solution Rough Order of Magnitude (ROM) Price** | $ |
| **Date of Submission** | Click or tap to enter a date. |

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Section I: Technical Requirements (3 pages maximum)

## Background and Benefits of Proposed Solutions as related to the Statement of Need

## Technical approach, including clearly defined prototype solution

# Section II: Bibliography and References Cited

Section III: Facilities (2 pages maximum)

# Section IV: Key Personnel

## Contributions and Significance of each Participant

|  |  |
| --- | --- |
| **Participant** | **Participant Contribution & Significance to Overall Project** |
| Name:  Institution: | **What are the significant contributions:**  **Why is the contribution significant:**  **How is the participant uniquely qualified:** |
| Name:  Institution: | **What are the significant contributions:**  **Why is the contribution significant:**  **How is the participant uniquely qualified:** |
| Name:  Institution: | **What are the significant contributions:**  **Why is the contribution significant:**  **How is the participant uniquely qualified:** |

|  |  |
| --- | --- |
| **Participant** | **Participant Contribution & Significance to Overall Project** |
| Name:  Institution: | **What are the significant contributions:**  **Why is the contribution significant:**  **How is the participant uniquely qualified:** |
| Name:  Institution: | **What are the significant contributions:**  **Why is the contribution significant:**  **How is the participant uniquely qualified:** |
| Name:  Institution: | **What are the significant contributions:**  **Why is the contribution significant:**  **How is the participant uniquely qualified:** |

1. Biosketch (Please include a biosketch for all listed Key Personnel. 1-page limit, per person.)

## Current and Pending Sponsored Research Projects

(Please include for all listed Key Personnel)

|  |  |
| --- | --- |
| **Title**: |  |
| **Source of Support**: |  |
| **Key Personnel:** |  |
| **Total Award:** |  |
| **Period of Performance**: |  |
| **Location of Project** |  |
| **Person-months Per Year Committed to Project**: | 0.0 months |

|  |  |
| --- | --- |
| **Title**: |  |
| **Source of Support**: |  |
| **Key Personnel:** |  |
| **Total Award:** |  |
| **Period of Performance**: |  |
| **Location of Project** |  |
| **Person-months Per Year Committed to Project**: | 0.0 months |

|  |  |
| --- | --- |
| **Title**: |  |
| **Source of Support**: |  |
| **Key Personnel:** |  |
| **Total Award:** |  |
| **Period of Performance**: |  |
| **Location of Project** |  |
| **Person-months Per Year Committed to Project**: | 0.0 months |

# Section V: Security Requirements

# 

Institution #1:

A. Address any special security and classification requirements, as necessary.

B. Is your institution, as well as those you are collaborating with, capable of protecting CUI in accordance with the following Defense Federal Acquisition Regulation Supplement (DFARS) clauses:

* DFARS 252.204-7012  YES  NO
* DFARS 252.204-7019  YES  NO
* DFARS 252.204-7020  YES  NO
* DFARS 252.204-7021  YES  NO

C. Are they able to handle classified research?  YES  NO

D. Are they registered with the Directorate of Defense Trade Controls (DDTC)?  YES  NO

Institution #2:

A. Address any special security and classification requirements, as necessary.

B. Is your institution, as well as those you are collaborating with, capable of protecting CUI in accordance with the following Defense Federal Acquisition Regulation Supplement (DFARS) clauses:

* DFARS 252.204-7012  YES  NO
* DFARS 252.204-7019  YES  NO
* DFARS 252.204-7020  YES  NO
* DFARS 252.204-7021  YES  NO

C. Are they able to handle classified research?  YES  NO

D. Are they registered with the Directorate of Defense Trade Controls (DDTC)?  YES  NO

Institution #3:

A. Address any special security and classification requirements, as necessary.

B. Is your institution, as well as those you are collaborating with, capable of protecting CUI in accordance with the following Defense Federal Acquisition Regulation Supplement (DFARS) clauses:

* DFARS 252.204-7012  YES  NO
* DFARS 252.204-7019  YES  NO
* DFARS 252.204-7020  YES  NO
* DFARS 252.204-7021  YES  NO

C. Are they able to handle classified research?  YES  NO

D. Are they registered with the Directorate of Defense Trade Controls (DDTC)?  YES  NO

Institution #4:

A. Address any special security and classification requirements, as necessary.

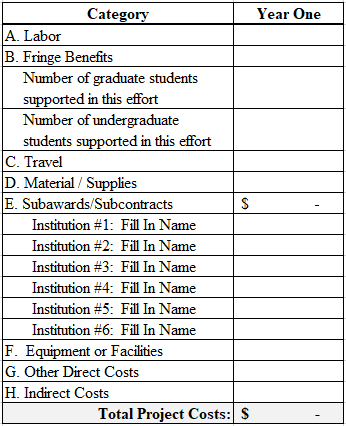
B. Is your institution, as well as those you are collaborating with, capable of protecting CUI in accordance with the following Defense Federal Acquisition Regulation Supplement (DFARS) clauses:

* DFARS 252.204-7012  YES  NO
* DFARS 252.204-7019  YES  NO
* DFARS 252.204-7020  YES  NO
* DFARS 252.204-7021  YES  NO

C. Are they able to handle classified research?  YES  NO

D. Are they registered with the Directorate of Defense Trade Controls (DDTC)?  YES  NO

Section VI: Pricing *\*\* (Please use Excel template provided.)*



**SAMPLE**

# 

# Section VII: Affirmation of Business Status Certification

Institution #1:

|  |  |
| --- | --- |
| Name of Business Entity: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Address: |  |
| Business Point of Contact: | 1. Name 2. Title 3. Phone 4. Email |

Institution #2:

|  |  |
| --- | --- |
| Name of Business Entity: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Address: |  |
| Business Point of Contact: | 1. Name 2. Title 3. Phone 4. Email |

Institution #3:

|  |  |
| --- | --- |
| Name of Business Entity: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Address: |  |
| Business Point of Contact: | 1. Name 2. Title 3. Phone 4. Email |

Institution #4:

|  |  |
| --- | --- |
| Name of Business Entity: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Address: |  |
| Business Point of Contact: | 1. Name 2. Title 3. Phone 4. Email |

# Section VIII: Data Rights Assertions

|  |  |  |  |
| --- | --- | --- | --- |
| Technical Data, Computer Software or Patent to be Furnished with Restrictions | Basis for Assertion | Asserted Rights Category | Name of Entity Asserting Restrictions |
|  |  | Please choose one |  |
|  |  | Please choose one |  |
|  |  | Please choose one |  |
|  |  | Please choose one |  |