**TEES/JHTO-RPP-2021-003 PROTOTYPE PROPOSAL**

|  |  |
| --- | --- |
| **Prototype 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: |
| **Facility Clearance Level** **(if required)** | Choose an item. |
| **Proposed Period of Performance** | MM/DD/YYYY to MM/DD/YYYY |
| **Date of Submission** |  Click or tap to enter a date. |
| **Proposed Validity Date** | MM/DD/YYYY |

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Section I: Statement of Work (12 pages maximum)

## Abstract

## Objectives Statement

## Research Narrative

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

### Technical approach, including clearly defined prototype solution

### Schedule and Deliverables

## Place of Performance

## Government Furnished Property / Equipment / Materials / High Performance Computing Requirements

# Section II: Bibliography and References Cited

# Section III: Facilities

# Section IV: Key Participants

## Description of Contributions and Significance of each Participant

|  |  |  |
| --- | --- | --- |
| **Participant** | **Business Status** | **Participant Contribution & Significance to Overall Project** |
| Name:Institution:Role:Time Commitment (%):  | [ ]  Traditional[ ]  Non-traditional defense contractor[ ]  Non-profit research institution[ ]  Small business | **What are the significant contributions:** **Why is the contribution significant:** **How is the participant uniquely qualified:** |
| Name:Institution:Role:Time Commitment (%): | [ ]  Traditional[ ]  Non-traditional defense contractor[ ]  Non-profit research institution[ ]  Small business | **What are the significant contributions:** **Why is the contribution significant:** **How is the participant uniquely qualified:** |
| Name:Institution:Role:Time Commitment (%): | [ ]  Traditional[ ]  Non-traditional defense contractor[ ]  Non-profit research institution[ ]  Small business | **What are the significant contributions:** **Why is the contribution significant:** **How is the participant uniquely qualified:** |

|  |  |  |
| --- | --- | --- |
| **Participant** | **Business Status** | **Participant Contribution & Significance to Overall Project** |
| Name:Institution:Role:Time Commitment (%): | [ ]  Traditional[ ]  Non-traditional defense contractor[ ]  Non-profit research institution[ ]  Small business | **What are the significant contributions:** **Why is the contribution significant:** **How is the participant uniquely qualified:** |
| Name:Institution:Role:Time Commitment (%): | [ ]  Traditional[ ]  Non-traditional defense contractor[ ]  Non-profit research institution[ ]  Small business | **What are the significant contributions:** **Why is the contribution significant:** **How is the participant uniquely qualified:** |
| Name:Institution:Role:Time Commitment (%): | [ ]  Traditional[ ]  Non-traditional defense contractor[ ]  Non-profit research institution[ ]  Small business | **What are the significant contributions:** **Why is the contribution significant:** **How is the participant uniquely qualified:** |

Additional Personnel Identified:

*\*\*(Please use this table to identify any additional personnel named in the proposal and/or budget and not included in the Key Personnel table above.)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Institution | Role | Position Type |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |
|  |  | Choose an item. | Choose an item. |

## Resumes

(Please include a resume for all listed Key Personnel. 2-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. Template should also be used to for each subaward budget.)*



**SAMPLE**

**BUDGET JUSTIFICATION:**

**Labor:**

**Fringe Benefits:**

**Travel:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Purpose: | Origin: | Destination: | Approximate Duration (Days) | # of Travelers | Est. Cost per Trip |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Equipment:**

**Materials/Supplies:**

**Subaward/Contractual Costs**:

**Other Direct Costs**

**Graduate Assistant Tuition:**

**Laboratory Fees:**

**Report and Publication Costs:**

**Indirect Costs:**

# Section VII: Milestone Payment Schedule

|  |  |  |  |
| --- | --- | --- | --- |
| **Milestone #** | **Milestone Description** | **Delivery Date** | **Proposed Price ($)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |

# Section VIII: 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 IX: 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 |  |

#

# Section X: Appendices