# **TEES/JHTO-RPP-2022-002**

# **PROTOTYPE PROPOSAL**

|  |  |
| --- | --- |
| **Prototype Project Title** |  |
| **Technical Area** | Choose an item. |
| **University Consortium Member Institution** |  |
| **Primary Technical Point of Contact (POC)** | Name:Organization:Mailing Address:Telephone: Email:  |
| **Co-PIs and Institutions** | Name: Institution: Name: Institution: 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 |
| **Total Proposed Price** |  |
| **Date of Submission** |  Click or tap to enter a date. |
| **Proposal Validity Date** | MM/DD/YYYY |

#

# Participant List

*(1 page maximum. Use these tables to identify all personnel & institutions named in the proposal and/or budget.)*

|  |
| --- |
| University Consortium Member Institution: |
| Topic #: |
| 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. |
|  |  | Choose an item. | Choose an item. |

|  |
| --- |
| List of All Institutions, Organizations, Laboratories, Etc.: |
|  |
|  |
|  |
|  |
|  |
|  |

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# Volume I: Performance Work Statement

*(12 pages maximum)*

## Abstract

## Objectives Statement

## Research Narrative

### *Background and Overview of Proposed Project*

### *Technical approach, including clearly defined prototype solution*

### *Schedule and Deliverables*

## Place(s) of Performance

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

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# Volume II: Bibliography and References Cited

*(No page limit)*

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# Volume III: Facilities

*(3 page maximum)*

1. Identify any facilities required for the proposed solution and whether those facilities are organic to the project participant’s negotiations or must be leased or purchased.
2. Indicate whether facility availability is likely to impact the project’s cost/ schedule/ performance.

# Volume IV: Key Participants

*(No page limit)*

## Key Participant Resumes

*(Please include a resume for all listed Key Personnel, no more than 2 pages in length per person.)*

## Description of Significant Contributions of Each Participant

and

## Total Level of Effort

*(What each participant will devote to this project, as a percentage of a 40-hour workweek.)*

|  |  |  |
| --- | --- | --- |
| **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:** |

## Current and Pending Sponsored Research Projects for Each PI

|  |  |
| --- | --- |
| **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 |

## Plan for Addressing Any Potential or Actual Conflicts of Interest

#

# Volume V: Security Requirements

*(No page limit)*

Institution #1:

1. Is your institution capable of protecting CUI in accordance with the following Defense Federal Acquisition Regulation Supplement (DFARS) clauses:
2. DFARS 252.204-7012 [ ]  YES [ ]  NO
3. DFARS 252.204-7019 [ ]  YES [ ]  NO
4. DFARS 252.204-7020 [ ]  YES [ ]  NO
5. DFARS 252.204-7021 [ ]  YES [ ]  NO
6. Are they registered with the Directorate of Defense Trade Controls (DDTC)? [ ]  YES [ ]  NO
7. Address any special security and classification requirements, as necessary.

Institution #2:

1. Is your institution capable of protecting CUI in accordance with the following Defense Federal Acquisition Regulation Supplement (DFARS) clauses:
2. DFARS 252.204-7012 [ ]  YES [ ]  NO
3. DFARS 252.204-7019 [ ]  YES [ ]  NO
4. DFARS 252.204-7020 [ ]  YES [ ]  NO
5. DFARS 252.204-7021 [ ]  YES [ ]  NO
6. Are they registered with the Directorate of Defense Trade Controls (DDTC)? [ ]  YES [ ]  NO
7. Address any special security and classification requirements, as necessary.

Institution #3:

1. Is your institution capable of protecting CUI in accordance with the following Defense Federal Acquisition Regulation Supplement (DFARS) clauses:
2. DFARS 252.204-7012 [ ]  YES [ ]  NO
3. DFARS 252.204-7019 [ ]  YES [ ]  NO
4. DFARS 252.204-7020 [ ]  YES [ ]  NO
5. DFARS 252.204-7021 [ ]  YES [ ]  NO
6. Are they registered with the Directorate of Defense Trade Controls (DDTC)? [ ]  YES [ ]  NO
7. Address any special security and classification requirements, as necessary.

Institution #4:

1. Is your institution capable of protecting CUI in accordance with the following Defense Federal Acquisition Regulation Supplement (DFARS) clauses:
2. DFARS 252.204-7012 [ ]  YES [ ]  NO
3. DFARS 252.204-7019 [ ]  YES [ ]  NO
4. DFARS 252.204-7020 [ ]  YES [ ]  NO
5. DFARS 252.204-7021 [ ]  YES [ ]  NO
6. Are they registered with the Directorate of Defense Trade Controls (DDTC)? [ ]  YES [ ]  NO
7. Address any special security and classification requirements, as necessary.

# Volume VI: Pricing

*(No page limit. Please use Excel template provided. Template should also be used for each subaward budget.)*



**SAMPLE**

**BUDGET JUSTIFICATION:** < Institution Name >

**Labor:**

**Fringe Benefits:**

**Travel:**

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

**Materials/Supplies:**

**Sub-Agreements/Subcontracts**:

**Equipment or Facilities:**

**Other Direct Costs**

**Graduate Assistant Tuition:**

**Laboratory Fees:**

**Report and Publication Costs:**

**Indirect Costs:**

# Volume VII: Milestone Payment Schedule

*(1 page maximum)*

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

#

# Volume VIII: Affirmation of Business Status Certification

*(No page limit)*

Institution #1:

|  |  |
| --- | --- |
| Name of Business Entity: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Address: |  |
| Business Point of Contact: | NameTitlePhoneEmail |

Institution #2:

|  |  |
| --- | --- |
| Name of Business Entity: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Address: |  |
| Business Point of Contact: | NameTitlePhoneEmail |

Institution #3:

|  |  |
| --- | --- |
| Name of Business Entity: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Address: |  |
| Business Point of Contact: | NameTitlePhoneEmail |

Institution #4:

|  |  |
| --- | --- |
| Name of Business Entity: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Address: |  |
| Business Point of Contact: | NameTitlePhoneEmail |

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# Volume IX: Data Rights Assertions

*(No page limit)*

Do you have any Data Rights Assertions? [ ]  YES [ ]  NO

If yes, identify any intellectual property, patents and inventions in the proposed solution and associated restrictions on JHTO/the Government’s use of that intellectual property, patents and inventions. If the offeror intends to provide IP without restriction and has no assertions, state no restrictions are being asserted for IP/Data Rights.

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

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# Volume X: Appendices

*(4 pages maximum)*