# **TEES/JHTO-RPP-2024-00****1**

# **PROTOTYPE PROPOSAL**

|  |  |
| --- | --- |
| **Prototype Project Title** |  |
| **Topic** | 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. All participating universities and institutions shall be fully compliant with the following requirements:
   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
   1. Are they registered with the Directorate of Defense Trade Controls (DDTC)?

YES  NO

1. Address any special security and classification requirements, as necessary. Awardees will have 90 days from the time the PSA is awarded to be fully compliant with applicable DFARS clauses.
2. Provide a CUI/export control data management plan to include how the lead university will collaborate with all sub awardees.

Institution #2:

1. All participating universities and institutions shall be fully compliant with the following requirements:
   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
   1. Are they registered with the Directorate of Defense Trade Controls (DDTC)?

YES  NO

1. Address any special security and classification requirements, as necessary. Awardees will have 90 days from the time the PSA is awarded to be fully compliant with applicable DFARS clauses.

Institution #3:

1. All participating universities and institutions shall be fully compliant with the following requirements:
   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
   1. Are they registered with the Directorate of Defense Trade Controls (DDTC)?

YES  NO

1. Address any special security and classification requirements, as necessary. Awardees will have 90 days from the time the PSA is awarded to be fully compliant with applicable DFARS clauses.

Institution #4:

1. All participating universities and institutions shall be fully compliant with the following requirements:
   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
   1. Are they registered with the Directorate of Defense Trade Controls (DDTC)?

YES  NO

1. Address any special security and classification requirements, as necessary. Awardees will have 90 days from the time the PSA is awarded to be fully compliant with applicable DFARS clauses.

# 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:**

(Create a separate table for each expected block of travel. Use GSA per diem rates found at: https://www.gsa.gov/travel/plan-book/per-diem-rates.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Trip: NAME | Expense Type | Item Cost | Subtotal (cost per traveler) | Total Line Cost |
| From: (LOCATION) | Conference Registration (x2) | $1000 | $1000 | $2000 |
| To: (LOCATION) | Car Rental Fees (x1) | $55/day | $220 | $220 |
|  | Gas for rental car (x1) | $45 | $45 | $45 |
| # of days: 4 | Hotel (3 nights, x2 travelers) | $147/night | $441 | $882 |
|  | Parking at hotel (x1) | $20/night | $80 | $80 |
| # of Travelers: 2 | Flight (x2) | $795 | $795 | $1,590 |
|  | Parking at airport (x2) | $22/day | $88 | $176 |
|  | Meals (travel - first/last) (x2) | $51.75/day | $103.30 | $206.60 |
|  | Meals (full day) (x2) | $69/day | $138 | $276 |
| Trip Cost | | |  | $5,676 |

**Materials/Supplies:**

**Sub-Agreements/Subcontracts**:

(If applicable, indicate if the government partner will be funded as a subaward by the lead university or a government-to-government funding process (e.g.: MIPR, IAA, etc…). If funding is provided via government to government, indirect costs are not allowed.)

**Equipment or Facilities:**

**Other Direct Costs**

**Graduate Assistant Tuition:**

**Laboratory Fees:**

**Report and Publication Costs:**

**Indirect Costs:**

**Total Project 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:

|  |  |
| --- | --- |
| Legal Entity Name: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Unique Entity ID No. |  |
| Address: |  |
| Business Point of Contact: | Name  Title  Phone  Email |

Institution #2:

|  |  |
| --- | --- |
| Legal Entity Name: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Unique Entity ID No. |  |
| Address: |  |
| Business Point of Contact: | Name  Title  Phone  Email |

Institution #3:

|  |  |
| --- | --- |
| Legal Entity Name: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Unique Entity ID No. |  |
| Address: |  |
| Business Point of Contact: | Name  Title  Phone  Email |

Institution #4:

|  |  |
| --- | --- |
| Legal Entity Name: |  |
| Proposed NAICS Code: |  |
| Cage Code: |  |
| SAM Expiration Date: |  |
| Unique Entity ID No. |  |
| Address: |  |
| Business Point of Contact: | Name  Title  Phone  Email |

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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)*