NETL F 540.1-2 (05/2002) OPI=BL10 (Previous Editions Obsolete)

U.S. DEPARTMENT OF ENERGY

APPLICATION/PROPOSAL COVER SHEET

Note: move the cursor over a block and instructions for it will be displayed in a pop-up box

| Solicitation Number: | | | | | | | | | |
|--|---------------------|----------------------------|-------------------------|---------------------|---------------|---------|---------------|--|--|
| Project Title: | | | | | | | | | |
| Topic Area/ Program Area of Interest: | | | | | | | | | |
| Organization: Department, Division or Unit: | | | | | | | | | |
| Organization Type: | | specify if other: | | | | | | | |
| DUNS Number: | | Project Duration (months): | | | | | | | |
| U.S. Congressional District of Organization: | | | County of Organization: | | | | | | |
| PRINCIPAL INVESTIGATOR (PI) | | | | | | | | | |
| PI Name {Prefix, First, Middle, Last, Suffix}: | | | | | | | | | |
| PI Address: | | | PI Phone: | | | ext. | | | |
| | | | | PI Fax: | | | | | |
| | , | - | PI emai | il: | | | | | |
| BUSINESS OFFICER (BO) | | | | | | | | | |
| BO Name {Prefix, First, Middle, | Last, Suffix}: | | | | | | | | |
| BO Address: | | | BO Pho | one: | | | ext. | | |
| | | | BO Fax: | | | | | | |
| | / | - | - BO email: | | | | | | |
| FUNDING REQUIREMENTS | | | | | | | | | |
| Funding Source | Year 1 | | ear 2 | Year 3 | Year 4 | | <u>Total</u> | | |
| DOE Share | \$ | \$ | | \$ | \$ | | \$ | | |
| Applicant Share | \$ | \$ | | \$ | \$ | | \$ | | |
| Other () | \$ | \$ | | \$ | \$ | | \$ | | |
| Total | \$ | \$ | | \$ | \$ | | \$ | | |
| | TEAM MEMBER 1 | | | | | | | | |
| Name: | | City & | State | | / | Со | ng. Dist. | | |
| Team Contribution: | | | | | | | | | |
| | | | MEMBER : | 2 | | | | | |
| Name: | | City & | State | | / | Со | ng. Dist. | | |
| Team Contribution: | | | | | | | | | |
| | | | MEMBER : | 3 | | | | | |
| Name: | | City & State | | , | , Cong. Dist. | | | | |
| Team Contribution: TEAM MEMBER 4 | | | | | | | | | |
| Nama | | | | 4 | | C 0 | ng Diat | | |
| Name: Team Contribution: | | | State | | | <u></u> | ng. Dist. | | |
| For more than 4 Team Members, please enter the above information in the Additional Comments block on page2 | | | | | | | | | |
| FOI IIIOTE UIAII 4 TEAIII WEMDO | ers, piease enter t | ne abc | ive illiorina | uon in the Addition | onai Commen | 112 D | nock on page2 | | |

| Additional Comments: | | |
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| Additional Comments. | | |
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