**COVER PAGE**

**Proposal Information**

Proposal Title:

Principal Investigator:

Co-PIs (up to four):

Total Amount Requested:

Proposed Period of Performance:

**Signatures**

**PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Co-PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Co-PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Co-PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Co-PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**This portion should be completed by the submitting institution’s sponsored projects office director or other authorized fiscal representative:**

Institution DUNS#:

OSP/AOR Name:

OSP/AOR Email Address:

OSP/AOR Phone Number:

**OSP/AOR Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Sheet**

***Post-Award Grant Administration Contact Information***

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Department: |  |
| Institution: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

***Principal Investigator Contact Information***

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Department: |  |
| Institution: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

***Co-Principal Investigator #1 Contact Information (if applicable)***

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Department: |  |
| Institution: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

**Contact Sheet (cont.)**

***Co-Principal Investigator #2 Contact Information (if applicable)***

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Department: |  |
| Institution: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

***Co-Principal Investigator #3 Contact Information (if applicable)***

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Department: |  |
| Institution: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

***Co-Principal Investigator #4 Contact Information (if applicable)***

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Department: |  |
| Institution: |  |
| Address: |  |
| Telephone: |  |
| Fax: |  |
| Email: |  |

**Letter of Support Template (1 Required with every submission)**

To:

Jennifer Fowler

Director, Arkansas NSF EPSCoR

Regarding: Proposal Title

I acknowledge that this proposal submitted by ***[insert the full name and title of the Principal Investigator]*** entitled ***[insert the proposal title]*** is aligned with the following research theme(s)***: [insert components/research theme(s)].***

I acknowledge that this proposal meets one or more of the following objectives:

* address unmet/unexpected research needs or otherwise support one or more of the six DART research teams;
* expand the state’s research capacity in DART related fields;
* significantly contribute to education, student training, and broadening participation in DART related fields;
* provide new collaborative research opportunities with investigators at two or more campuses in DART related fields;
* expand access to and awareness of existing research computing resources or other relevant infrastructure to Arkansas participants.

As an SSC member of the associated DART team, I will also identify and assign a mentor from the team for the project’s mentee investigators as appropriate.

Signed,

Name

Team Co-Lead

Institution

Date Signed:

**De-Identified Investigator Team Demographic Information**

Demographic information should be submitted for each PI and Co-PI; however, it is not required to disclose to which person this demographic information applies. Additional information will be requested of all participants upon award for project reporting.

Gender:

Race and/or ethnicity:

Disability status:

Veteran Status:

Gender:

Race and/or ethnicity:

Disability status:

Veteran Status:

Gender:

Race and/or ethnicity:

Disability status:

Veteran Status:

Gender:

Race and/or ethnicity:

Disability status:

Veteran Status:

Gender:

Race and/or ethnicity:

Disability status:

Veteran Status:

**Facilities, Equipment, and Other Resources Template**

**Institution Name:**

**PI Name:**

**Project Title:**

**Office Space:** *Describe what office space is available to the project investigators and senior personnel that may be used to carry out the project activities. Example:* The investigators have private offices on campus, and are provided with desktop or laptop computers, monitors, telephones, and internet connectivity. The PI and/or Co-PIs have access to meeting rooms with dry-erase boards, smartboards, projectors, and other collaborative meeting tools.

**Computing Resources:** *Describe any computing resources that are available to help carry out the project activities. Example:* PI has access and secure credentials to the Arkansas High Performance Computing Center which can be operated remotely through the Pinnacle Portal. The Arkansas High Performance Computing Center (AHPCC) provides expertise, high performance computing hardware, storage, support services, and training to enable computationally-intensive and data-intensive research. It consists of 100 Intel based nodes with 20 NVIDIA V100 GPU nodes enabling data science and machine learning and 8 big memory nodes with 768 Gb ram/each for projects requiring a large memory footprint. Pinnacle features an On Demand web portal (known as the Pinnacle Portal) that allows users to remotely log in to the system and directly access common applications using the system GUI. The interface looks similar to what one would see on a standard desktop, however the applications directly access the Pinnacle cluster.

**Laboratories**: *Describe access the project team has to any laboratories that may be required to carry out project activities. Example:* The investigators have access to a number of laboratories devoted to research efforts in project-relevant domains. These laboratories include computer workstations, 3D printing capabilities, electrical workstations and robotics assembly and testing areas and capabilities.

**Classrooms**: *Describe access the project team has to any classrooms that may be required to carry out project activities. Example:* The investigators have access to buildings on campus including Example Hall and Administration Building with classrooms and instructional computer labs. The PI’s classroom seats 40 students in a traditional classroom setup.

**Software:** *Describe access the project team has to any software that may be required to carry out project activities. Example:* The investigators are provided with licenses to a variety of software such as MatLab, Microsoft Office, Microsoft Visual Studio Code, Adobe Creative Suite, software for high performance computing, and relevant open-source software like RStudio.

**Support**: *Describe what other support staff or other resources that are available to carry out project activities. Example:* The investigators have access to qualified professional staff that are available to support and assist with project implementation and administration, including IT support staff that offer prompt customer service when problems arise with technology-related hardware, software or Internet connectivity. The PI also has access to a VPN and can remotely access workstations or equipment if necessary.

**Other Relevant Resources**: *Use this space to describe any other resources that may be specific to the proposed project, but have not already been described above. Example:* PI has access to fleet vehicles for travel within the state, and a departmental travel card and purchase card to make necessary purchases and travel arrangements.

**Budget Justification Template**

Institution Name:

Project Title:

PI Name:

Proposed Project Duration (total number of months):

**Senior Personnel**

Total Request:

Named Personnel & Requested Salary for each:

**Other Personnel / Professionals**

Total Request:

Named Personnel & Requested Salary for each:

**Fringe Benefits**

Total Request:

Named Personnel & Requested Fringe for each:

**Equipment Usage (if applicable)**

Total Request:

Justification:

**Travel**

Total Request:

Justification:

**Materials and Supplies**

Total Request:

Justification:

**Other Direct Costs**

Total Request:

Justification:

**Total Direct Costs:**

**Total Indirect Costs (*calculated at 8%):***

**Total Project Requested Budget:**