

# PROPOSER'S PROFILE & CERTIFICATIONS

(to accompany ISS NL Concept Submissions)

|  |                         |               |
|--|-------------------------|---------------|
| <b>Concept/Opportunity Name:</b>   |                         |               |
| <b>Principal Investigator Name:</b>  |                         |               |
| <b>Citizenship Status:</b> <input type="checkbox"/> US Citizen; <input type="checkbox"/> Permanent Resident; <input type="checkbox"/> Non-US Person, Country: _____                    |                         |               |
| <b>Account/Entity Legal Name:</b>  |                         |               |
| <b>Entity Type:</b> <input type="checkbox"/> Commercial; <input type="checkbox"/> Academic; <input type="checkbox"/> Government; <input type="checkbox"/> Other<br>If "Other" explain: |                         |               |
| <b>Entity Size:</b> <input type="checkbox"/> Small (<500); <input type="checkbox"/> Large; <input type="checkbox"/> Other<br>If "Other" explain:                                       |                         |               |
| <b>Entity Organization Type:</b> <input type="checkbox"/> For Profit; <input type="checkbox"/> Non-Profit; <input type="checkbox"/> Not Applicable                                     |                         |               |
| <b>Entity State of Organization:</b>   |                         |               |
| <b>Physical Address:</b>   | <b>Mailing Address:</b> |               |
| <b>URL Address:</b>  |                         |               |
| <b>Technical POC Name:</b>   | <b>Telephone:</b>       | <b>Email:</b> |
| <b>Contracting POC Name:</b>   | <b>Telephone:</b>       | <b>Email:</b> |

## **Ethics and Research/Data Integrity**

**Prior Violations.** Indicate whether the Principal Investigator (PI), or any person proposed to work on the grant, has been accused of or found to have engaged in any ethics violations, or research or data integrity violations, including any instances of fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. If "yes," provide information concerning the circumstances in a separate document.

YES  ; NO

**Research Misconduct and Integrity Policies.** Indicate whether the PI or proposing organization has established policies concerning scientific or research misconduct, such as those required by 42 C.F.R. part 93, "Public Health Service Policies on Research Misconduct." If "yes," please provide a copy.

YES  ; NO

## **Regulatory Compliance**

**Non-Delinquency on Federal Debt.** The Federal Debt Collection Procedure Act, 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the U.S., and has a judgment lien filed against it, is ineligible to receive a Federal grant. Indicate whether the proposing organization is delinquent in repaying any Federal debt.

YES  ; NO

**Prior Regulatory Violations.** Indicate whether the PI or the proposing organization has, in the past 5 years, been accused of or found to have engaged in any violation of regulation or statute in connection with the award or performance of any federal grant, cooperative agreement, subaward, or federal contract or subcontract. If "yes," provide information concerning the circumstances in a separate document.

YES  ; NO

**Regulatory Compliance Programs.** Indicate whether the proposing organization has established programs and procedures to (a) identify regulatory requirements applicable to the work to be performed under a grant, and (b) ensure compliance with such regulatory requirements. If “no,” provide information concerning the circumstances in a separate document.

YES  ; NO

**Debarment or Suspension.**

Offer certifies that: it is not debarred or otherwise ineligible to do business with the U.S. federal government; it has no criminal convictions or civil judgments against it for fraud, embezzlement, theft, forgery, bribery or misrepresentation; and it has not had a federal or state government contract terminated for cause or default.

YES  ; NO

**Trade Compliance**

Offeror shall indemnify and hold ISS NL harmless for all damages, costs, fines, penalties, attorney fees, and all other expenses arising from any claim or demand that Offeror’s firm failed to comply with stated export statutes and regulations.

In anticipation of submitting a full proposal to the ISS NL for consideration, the Offeror must answer the following:

1. Will your proposal contain information and/or data that is subject to *Export Administration Regulations (EAR)*? YES  ; NO
2. Will your proposal contain information and/or data that is subject to *International Traffic in Arms Regulations (ITAR)*? YES  ; NO

**Other Risks**

**Terminations.** Indicate whether the PI or proposing organization has, in the past 5 years, had any federal grant, cooperative agreement, subaward, or federal contract or subcontract terminated for cause or default. If “yes,” provide information concerning the circumstances in a separate document.

YES  ; NO

**Miscellaneous.** Indicate whether the PI or proposing organization is aware of any fact or circumstance not otherwise disclosed in its grant request or in response to this questionnaire that might pose a risk to its ability to successfully perform a grant. If “yes,” provide information concerning the circumstances on a separate document.

YES  ; NO

**Certification**

The Authorized Representative (or the individual submitting this form, if there is no proposing organization) confirms compliance with all applicable terms and conditions, rules, and stipulations set forth in the Certifications above. If any representations herein change prior to award of an agreement, the submitting organization shall immediately notify the ISS NL contracts and compliance office at [contracts@issnationallab.org](mailto:contracts@issnationallab.org).

By the signature of the authorized representative below, the submitting organization certifies that the representations and certifications made herein are accurate and current as of the date of signature.

Organization Name: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Title of Authorized Representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_