

# SBIR/STTR Information



OMB Number: 4040-0001  
Expiration Date: 11/30/2025

\* Agency to which you are applying (select only one)

DOE
  HHS
  USDA
  Other:

\* SBC Control ID:  (This 9 digit code is obtained from the Small Business Administration)

\* Program Type (select only one)

SBIR
  STTR  
 Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

\* Application Type (select only one)

Phase I
  Phase II
  Fast-Track
  Direct Phase II
  Phase IIA
  Phase IIB
  Phase IIC  
 Commercialization Readiness Program (See agency-specific instructions to determine application type participation.)

Phase I Letter of Intent Number:

\* Agency Topic/Subtopic:

## Questions 1-8 must be completed by all SBIR and STTR Applicants:

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1a. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?
	* 1b. Anticipated Number of personnel to be employed at your organization at the time of award. <input style="width: 100px;" type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1c. Is your small business majority owned by venture capital operating companies, hedge funds, or private equity firms?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1d. Is your small business a Faculty or Student-Owned entity?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: <a href="http://www.sba.gov">http://www.sba.gov</a>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid gray; padding: 2px 10px;">Add Attachment</div> <div style="border: 1px solid gray; padding: 2px 10px;">Delete Attachment</div> <div style="border: 1px solid gray; padding: 2px 10px;">View Attachment</div> </div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies: <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and email address of the official signing for the applicant organization to state-level economic development organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 7. Does the application include a request of SBIR or STTR funds for Technical and Business Assistance (TABAs)? If yes, please follow the agency specific instructions to provide the budget request and justification. (Please answer no if you plan to use the agency TABA vendor, which does not require you to include a request for TABA funds in your application.)
	* 8. Commercialization Plan: The following applications require a Commercialization Plan: Phase I (DOE only), Phase II (all agencies), Phase I/II Fast-Track (all agencies). Include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach File: <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid gray; padding: 2px 10px;">Add Attachment</div> <div style="border: 1px solid gray; padding: 2px 10px;">Delete Attachment</div> <div style="border: 1px solid gray; padding: 2px 10px;">View Attachment</div> </div>

## SBIR/STTR Information

### SBIR-Specific Questions:

*Questions 9 and 10 apply only to SBIR applications. If you are submitting ONLY an STTR application, leave questions 9 and 10 blank and proceed to question 11.*

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 9. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment.</p> <p>* Attach File: <input style="width: 200px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 10. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?</p>

### STTR-Specific Questions:

*Questions 11 - 13 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 11 - 13 blank.*

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 11. Please indicate whether the answer to BOTH of the following questions is TRUE:</p> <p>(1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND</p> <p>(2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>* 12. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?</p>
	<p>* 13. Provide UEI of non-profit research partner for STTR.</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>

# PHS Human Subjects and Clinical Trials Information



OMB Number: 0925-0001  
Expiration Date: TBD

Update to OMB approval  
Expiration Date.

## Use of Human Specimens and/or Data

\* Does any of the proposed research in the application involve human specimens and/or data?  Yes  No

Provide an explanation for any use of human specimens and/or data not considered to be human subjects research.

Add Attachment

Delete Attachment

View Attachment

Please complete the human subjects section of the Research & Related Other Project Information form prior to completing this form.

The following items are taken from the Research & Related Other Project Information form and displayed here for your reference. Any changes to these fields must be made on the Research & Related Other Project Information form and may impact the data items you are required to complete on this form.

Are Human Subjects Involved?  Yes  No

Is the Project Exempt from Federal regulations?  Yes  No

Exemption number:  1  2  3  4  5  6  7  8

## If No to Human Subjects

Skip the rest of the PHS Human Subjects and Clinical Trials Information Form.

## If Yes to Human Subjects

Add a record for each proposed Human Subject Study by selecting "Add New Study" or "Add New Delayed Onset Study" as appropriate. Delayed onset studies are those for which there is no well defined plan for human subject involvement at the time of submission, per agency policies on Delayed Onset Studies. For delayed onset studies, you will provide a study name and justification for omission of human subject study information.

## Other Requested Information

Add Attachment

Delete Attachment

View Attachment

[Click here to extract the Human Subject Study Record Attachment](#)

## Study Record(s)



Attach human subject study records using unique filenames.

1) Please attach Human Subject Study 1

## Delayed Onset Study(ies)

	Study Title	Anticipated Clinical Trial?	Justification
		<input type="checkbox"/>	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>