|  |  |
| --- | --- |
| Title of Proposed Project | Click or tap here to enter text. |
| Principal Investigator *(Name, Highest Degree Earned)* | Click or tap here to enter text. |
| Academic Institution | Click or tap here to enter text. |
| College/Department | Click or tap here to enter text. |
| Principal Investigator’s Mailing Address | Click or tap here to enter text. |
| Principal Investigator’s Email Address | Click or tap here to enter text. |
| Principal Investigator’s Phone Number | Click or tap here to enter text. |

**COVER PAGE**

|  |  |
| --- | --- |
| Total Amount of Funds Requested | Click or tap here to enter text. |
| Desired Start Date of Period of Performance\* | Click or tap to enter a date. |
| Desired End Date of Period of Performance | Click or tap to enter a date. |
| *\*Note: The start date of your project’s period of performance (POP) cannot start prior to the date that your proposal was submitted. In addition, if awarded, the award process can take up to six weeks to be completed.* | |

|  |  |
| --- | --- |
| Name of Principal Investigator | Click or tap here to enter text. |
| Signature of Principal Investigator  *(Only wet or digital Adobe signatures are accepted)* | X |
| Date Signed |  |
| Name of Fiscal Agent\*/Research Center  *\*Fiscal agent is your department’s financial representative* | Click or tap here to enter text. |
| Signature of Fiscal Agent/Research Center  *(Only wet or digital Adobe signatures are accepted)* | X |
| Date Signed |  |

**CERTIFICATION OF COMPLIANCE**

Certification of Compliance with Applicable Executive Orders and U.S. Code

By submitting the application identified in the Cover Sheet/Application Summary either in response to a NASA Research Announcement or as an Unsolicited Application, the Authorizing Official of the proposing institution (or the individual proposer if there is no proposing institution) as identified below:

1. Certifies that the statements made in this application are true and complete to the best of his/her knowledge;
2. Agrees to accept the obligations to comply with NASA award terms and conditions if an award is made as a result of this application;
3. Confirms compliance with all provisions, rules, and stipulations set forth by these Certifications namely, but not limited to:
   1. Certifications, Disclosures, and Assurances Regarding Lobbying, Debarment & Suspension
   2. Assurance of Compliance – China Funding Restriction
   3. Representation by prospective recipient that they are not the Association of Community
   4. Organizations for Reform Now (ACORN) or a subsidiary of ACORN
   5. Certification of Compliance with the NASA Regulations Pursuant to Nondiscrimination in Federally Assisted Programs

Willful provision of false information in this application and/or its supporting documents, or in reports required under an ensuing award, is a criminal offense (U.S. Code, Title 18, Section 1001.)

|  |  |
| --- | --- |
| Name of Principal Investigator | Click or tap here to enter text. |
| Signature of Principal Investigator  *(Only wet or digital Adobe signatures are accepted)* | X |
| Name of College Dean | Click or tap here to enter text. |
| Signature of College Dean  *(Only wet or digital Adobe signatures are accepted)* | X |
| Name of Fiscal Agent/Research Center | Click or tap here to enter text. |
| Signature of Fiscal Agent/Research Center  *(Only wet or digital Adobe signatures are accepted)* | X |

**PROJECT SUMMARY**

|  |  |
| --- | --- |
| Principal Investigator (PI) | Click or tap here to enter text. |
| Academic Institution  *(Include college or department name)* | Click or tap here to enter text. |
| Title of Project | Click or tap here to enter text. |

|  |
| --- |
| Abstract (250 words max.) |
| Click or tap here to enter text. |

**PROJECT NARRATIVE**

*For specifications on each section, please read the*

*Education Enhancement Grant Application Guidelines*

1. Course Description
   1. Expected Learning Outcomes, Assessment Criteria, Teaching Delivery, Course Calendar
   2. Course Benefits
2. Timeline
3. Key Personnel (CVs)
4. Budget and Budget Justification *(Use template below)*

**VI. BUDGET**

|  |  |
| --- | --- |
| Principal Investigator (PI) | Click or tap here to enter text. |
| Academic Institution  *(Include college or department name)* | Click or tap here to enter text. |
| Title of Project | Click or tap here to enter text. |

*This budget table is just a template. The items listed are suggestions. Feel free to add or delete rows if you want to provide a detailed breakdown of your expenses or if the suggested items do not apply to your project.*

|  |  |  |
| --- | --- | --- |
| **Proposed Budget Table** | | |
| **Item** | **Requested Amount**  **(NMSGC Funds)** | **Cost-Share Amount**  **(Non-NMSGC Funds)** |
| 1. Salaries |  |  |
| a. Faculty/Research | $ | $ |
| b. Graduate Students | $ | $ |
| c. Undergraduate Students | $ | $ |
| d. Fringe Benefits (Faculty --%) | $ | $ |
| e. Fringe Benefits (Graduate --%) | $ | $ |
| f. Fringe Benefits (Undergraduate --%) | $ | $ |
| 1. Project Expenses |  |  |
| a. Supplies | $ | $ |
| b. Travel | $ | $ |
| 1. Other Expenses (specify) |  |  |
| a. Other (specify) | $ | $ |
| b. Other (specify) | $ | $ |
| 1. Indirect Costs (IDCs)\* | - | $ |
| **Total** | **$** | **$** |

*\*Note: No F&A/IDC, foreign travel or civil service personnel costs are allowed to be charged to NMSGC projects. For details review the EEG Application Guidelines.*

**Total Project Cost: Click or tap here to enter text.**

**BUDGET JUSTIFICATION**

|  |
| --- |
| **Budget Justification for Requested Amount (NMSGC Funds)**  Provide a justification statement for each item in your budget.  If you are requesting funds for supplies, provide a list of the supply items with estimated costs per item. If you are requesting funds for travel, please provide the following: estimated travel costs (lodging, conference fees, meals, airfare), travel dates, travel destinations, names of people traveling, purpose of travel. |
|  |
| **Budget Justification for Cost-Share Amount (Non-NMSGC Funds)**  Provide a justification statement for each item in your cost-share budget.  If you are using faculty salary release as cost-share, provide the amount, time percentage, and fringe rates. If you are using materials, equipment or supplies expenses as cost-share, provide a detailed breakdown of the items and estimated expenses per item. If you are using IDCs as cost-share, please provide the percentage rate, returned IDCs amount and amount from cost-share (CS) contributions (direct costs on CS fund). |
|  |