

COVER SHEET FOR PROPOSAL TO THE NATIONAL SCIENCE FOUNDATION

PROGRAM ANNOUNCEMENT/SOLICITATION NO./CLOSING DATE/if not in response to a program announcement/solicitation enter NSF 00-2 94-79 12/15/99					FOR NSF USE ONLY	
FOR CONSIDERATION BY NSF ORGANIZATION UNIT(S) (Indicate the most specific unit known, i.e. program, division, etc.) Program - SYSTEMATIC & POPULATION BIOLO					NSF PROPOSAL NUMBER 0074452	
DATE RECEIVED	NUMBER OF COPIES	DIVISION ASSIGNED	FUND CODE	DUNS# (Data Universal Numbering System)	FILE LOCATION	
				877578914		
EMPLOYER IDENTIFICATION NUMBER (EIN) OR TAXPAYER IDENTIFICATION NUMBER (TIN) 936001786		SHOW PREVIOUS AWARD NO. IF THIS IS <input type="checkbox"/> A RENEWAL <input type="checkbox"/> AN ACCOMPLISHMENT-BASED RENEWAL		IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, LIST ACRONYMS(S)		
NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE Western Oregon University			ADDRESS OF AWARDEE ORGANIZATION, INCLUDING 9 DIGIT ZIP CODE Western Oregon University 345 N Monmouth Avenue Monmouth, OR. 973611329			
AWARDEE ORGANIZATION CODE (IF KNOWN) 0032094000						
NAME OF PERFORMING ORGANIZATION, IF DIFFERENT FROM ABOVE			ADDRESS OF PERFORMING ORGANIZATION, IF DIFFERENT, INCLUDING 9 DIGIT ZIP CODE			
PERFORMING ORGANIZATION CODE (IF KNOWN)						
IS AWARDEE ORGANIZATION (Check All That Apply) (See GPG II.D.1 For Definitions) <input type="checkbox"/> FOR-PROFIT ORGANIZATION <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> MINORITY BUSINESS <input type="checkbox"/> WOMAN-OWNED BUSINESS						
TITLE OF PROPOSED PROJECT Undergraduate Research in the Molecular Diversity of Hot Spring Bacteria						
REQUESTED AMOUNT \$ 180,162	PROPOSED DURATION (1-60 MONTHS) 36 months	REQUESTED STARTING DATE 09/01/00	SHOW RELATED PREPROPOSAL NO., IF APPLICABLE			
CHECK APPROPRIATE BOX(ES) IF THIS PROPOSAL INCLUDES ANY OF THE ITEMS LISTED BELOW						
<input type="checkbox"/> BEGINNING INVESTIGATOR (GPG 1.A.3)			<input type="checkbox"/> VERTEBRATE ANIMALS (GPG II.D.12) IACUC App. Date _____			
<input type="checkbox"/> DISCLOSURE OF LOBBYING ACTIVITIES (GPG II.D.1)			<input type="checkbox"/> HUMAN SUBJECTS (GPG II.D.12) Exemption Subsection _____ or IRB App. Date _____			
<input type="checkbox"/> PROPRIETARY & PRIVILEGED INFORMATION (GPG II.D.10)			<input type="checkbox"/> INTERNATIONAL COOPERATIVE ACTIVITIES: COUNTRY/COUNTRIES _____			
<input type="checkbox"/> NATIONAL ENVIRONMENTAL POLICY ACT (GPG II.D.10)			<input type="checkbox"/> FACILITATION FOR SCIENTISTS/ENGINEERS WITH DISABILITIES (GPG V.G.)			
<input type="checkbox"/> HISTORIC PLACES (GPG II.D.10)			<input type="checkbox"/> RESEARCH OPPORTUNITY AWARD (GPG V.H)			
<input type="checkbox"/> SMALL GRANT FOR EXPLOR. RESEARCH (SGER) (GPG II.D.12)						
PI/PD DEPARTMENT Department of Biology			PI/PD POSTAL ADDRESS 345 North Monmouth Avenue			
PI/PD FAX NUMBER 503-838-8072			Monmouth, OR 97361 United States			
NAMES (TYPED)	High Degree	Yr of Degree	Telephone Number	Electronic Mail Address		
PI/PD NAME Sarah M Boomer	PhD	1996	503-838-8209	boomers@wou.edu		
CO-PI/PD						
CO-PI/PD						
CO-PI/PD						
CO-PI/PD						

CERTIFICATION PAGE

Certification for Principal Investigators and Co-Principal Investigators:

I certify to the best of my knowledge that:

- (1) the statements herein (excluding scientific hypotheses and scientific opinions) are true and complete, and
 (2) the text and graphics herein as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the signatories or individuals working under their supervision. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this proposal.

I understand that the willful provision of false information or concealing a material fact in this proposal or any other communication submitted to NSF is a criminal offense (U.S.Code, Title 18, Section 1001).

Name (Typed)	Signature	Social Security No.*	Date
PI/PD Sarah M Boomer		SSNs are confidential and are not displayed *ON FASTLANE SUBMISSIONS*	
Co-PI/PD			
Co-PI/PD			
Co-PI/PD			
Co-PI/PD			
Co-PI/PD			

Certification for Authorized Organizational Representative or Individual Applicant:

By signing and submitting this proposal, the individual applicant or the authorized official of the applicant institution is: (1) certifying that statements made herein are true and complete to the best of his/her knowledge; and (2) agreeing to accept the obligation to comply with NSF award terms and conditions if an award is made as a result of this application. Further, the applicant is hereby providing certifications regarding Federal debt status, debarment and suspension, drug-free workplace, and lobbying activities (see below), as set forth in Grant Proposal Guide (GPG), NSF 00-2. Willful provision of false information in this application and its supporting documents or in reports required under an ensuring award is a criminal offense (U. S. Code, Title 18, Section 1001).

In addition, if the applicant institution employs more than fifty persons, the authorized official of the applicant institution is certifying that the institution has implemented a written and enforced conflict of interest policy that is consistent with the provisions of Grant Policy Manual Section 510; that to the best of his/her knowledge, all financial disclosures required by that conflict of interest policy have been made; and that all identified conflicts of interest will have been satisfactorily managed, reduced or eliminated prior to the institution's expenditure of any funds under the award, in accordance with the institution's conflict of interest policy. Conflict which cannot be satisfactorily managed, reduced or eliminated must be disclosed to NSF.

Debt and Debarment Certifications

(If answer "yes" to either, please provide explanation.)

Is the organization delinquent on any Federal debt?

Yes

No

Is the organization or its principals presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency?

Yes

No

Certification Regarding Lobbying

This certification is required for an award of a Federal contract, grant, or cooperative agreement exceeding \$100,000 and for an award of a Federal loan or a commitment providing for the United States to insure or guarantee a loan exceeding \$150,000.

Certification for Contracts, Grants, Loans and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

AUTHORIZED ORGANIZATIONAL REPRESENTATIVE	SIGNATURE	DATE
NAME/TITLE (TYPED) Dr. Betty J. Youngblood		12/07/99
TELEPHONE NUMBER 503-838-8215	ELECTRONIC MAIL ADDRESS byoungbl@wou.edu	FAX NUMBER 503-838-8600

*SUBMISSION OF SOCIAL SECURITY NUMBERS IS VOLUNTARY AND WILL NOT AFFECT THE ORGANIZATION'S ELIGIBILITY FOR AN AWARD. HOWEVER, THEY ARE AN INTEGRAL PART OF THE INFORMATION SYSTEM AND ASSIST IN PROCESSING THE PROPOSAL. SSN SOLICITED UNDER NSF ACT OF 1950, AS AMENDED.