

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 03-2					FOR NSF USE ONLY	
NSF 02-095			12/04/02		NSF PROPOSAL NUMBER	
FOR CONSIDERATION BY NSF ORGANIZATION UNIT(S) (Indicate the most specific unit known, i.e. program, division, etc.)					0310296	
DUE - CCLI-Adaptation and Implementation						
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)		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 ACRONYM(S)		
936001786						
NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE			ADDRESS OF AWARDEE ORGANIZATION, INCLUDING 9 DIGIT ZIP CODE			
Western Oregon University			Western Oregon University			
AWARDEE ORGANIZATION CODE (IF KNOWN)			345 N Monmouth Avenue			
0032094000			Monmouth, OR. 973611329			
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.C For Definitions)						
		<input type="checkbox"/> SMALL BUSINESS		<input type="checkbox"/> MINORITY BUSINESS		<input type="checkbox"/> IF THIS IS A PRELIMINARY PROPOSAL THEN CHECK HERE
		<input type="checkbox"/> FOR-PROFIT ORGANIZATION		<input type="checkbox"/> WOMAN-OWNED BUSINESS		
TITLE OF PROPOSED PROJECT An Improved Microbiology Laboratory Curriculum that Enhances Molecular Approaches to the Identification of Novel Microorganisms						
REQUESTED AMOUNT \$ 24,160		PROPOSED DURATION (1-60 MONTHS) 24 months		REQUESTED STARTING DATE 09/01/03		SHOW RELATED PRELIMINARY PROPOSAL NO. IF APPLICABLE
CHECK APPROPRIATE BOX(ES) IF THIS PROPOSAL INCLUDES ANY OF THE ITEMS LISTED BELOW						
<input type="checkbox"/> BEGINNING INVESTIGATOR (GPG I.A)			<input type="checkbox"/> HUMAN SUBJECTS (GPG II.C.11)			
<input type="checkbox"/> DISCLOSURE OF LOBBYING ACTIVITIES (GPG II.C)			Exemption Subsection _____ or IRB App. Date _____			
<input type="checkbox"/> PROPRIETARY & PRIVILEGED INFORMATION (GPG I.B, II.C.6)			<input type="checkbox"/> INTERNATIONAL COOPERATIVE ACTIVITIES: COUNTRY/COUNTRIES INVOLVED (GPG II.C.9)			
<input type="checkbox"/> HISTORIC PLACES (GPG II.C.9)						
<input type="checkbox"/> SMALL GRANT FOR EXPLOR. RESEARCH (SGER) (GPG II.C.11)			<input type="checkbox"/> HIGH RESOLUTION GRAPHICS/OTHER GRAPHICS WHERE EXACT COLOR REPRESENTATION IS REQUIRED FOR PROPER INTERPRETATION (GPG I.E.1)			
<input type="checkbox"/> VERTEBRATE ANIMALS (GPG II.C.11) IACUC App. Date _____						
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						
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CERTIFICATION PAGE

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 debarment and suspension, drug-free workplace, and lobbying activities (see below), as set forth in Grant Proposal Guide (GPG), NSF 03-2. Willful provision of false information in this application and its supporting documents or in reports required under an ensuing 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. Conflicts which cannot be satisfactorily managed, reduced or eliminated must be disclosed to NSF.

Drug Free Work Place Certification

By electronically signing the NSF Proposal Cover Sheet, the Authorized Organizational Representative or Individual Applicant is providing the Drug Free Work Place Certification contained in Appendix A of the Grant Proposal Guide.

Debarment and Suspension Certification

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

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

By electronically signing the NSF Proposal Cover Sheet, the Authorized Organizational Representative or Individual Applicant is providing the Debarment and Suspension Certification contained in Appendix B of the Grant Proposal Guide.

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 of Lobbying Activities," 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 Philip T Morris		Electronic Signature	Dec 2 2002 5:45PM
TELEPHONE NUMBER 503-838-8174	ELECTRONIC MAIL ADDRESS morrisp@wou.edu	FAX NUMBER 503-838-8014	

*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.