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| **Applicant (Prime Recipient):** |
| **Application Control Number:**  |

*INSTRUCTIONS: The Applicant (the proposed Prime Recipient) is required to complete and submit this form with the Full Application. Additional instructions are provided below. A sample response to this form is available on ARPA-E eXCHANGE (*[*https://arpa-e-foa.energy.gov*](https://arpa-e-foa.energy.gov)*).*

Certification: I certify that the information contained in this disclosure form is accurate and complete. I understand that false statements or misrepresentations may result in civil and/or criminal penalties under 18 U.S.C. § 1001.

Authorized Representative Name:

Date:

Authorized Representative Signature: [Insert below..]

1. **SBIR/STTR ELIGIBILITY:** Mandatory. The Applicant is required to acknowledge that it has reviewed U.S. Small Business Administration (SBA) rules and guidelines regarding SBIR/STTR program eligibility and affirm that, if selected for award, it will be eligible to participate in ARPA-E’s SBIR/STTR program.
	1. **The Applicant has reviewed SBA rules and guidelines regarding SBIR/STTR program eligibility. For reference, please see SBA’s SBIR/STTR portal at** [**http://sbir.gov**](http://sbir.gov)**.**

YES [ ] NO [ ]

* 1. **On the basis of review, the Applicant believes it will qualify as a “Small Business Concern” eligible to participate in ARPA-E’s SBIR/STTR program and will be able to certify its eligibility at the time of award.**

YES [ ] NO [ ]

1. **DISCLOSSURE OF POTENTIAL IMPROPRIETIES:** Mandatory. No page limit. The Applicant is required to disclose if any of the following conditions exist. If the answer to any of the questions below is “Yes,” the Applicant is required to provide a detailed explanation in an addendum to this form.
	1. **Is the proposed Prime Recipient, Subrecipient(s), Principal Investigator (PI), or Co-PI(s) currently under U.S. Federal or State investigation for potential fraud or similar acts that occurred in the last five years?**

YES [ ] NO [ ]

* 1. **Has the proposed Prime Recipient, Subrecipient(s), PI, or Co-PI(s) been convicted by U.S. Federal or State entities of fraud or similar acts in the last two years?**

YES [ ] NO [ ]

* 1. **Has the proposed Prime Recipient, Subrecipient(s), PI, or Co-PI(s) been convicted of any violations of U.S. export controls laws and regulations in the last two years?**

YES [ ] NO [ ]

* 1. **Has the proposed Prime Recipient or Subrecipient(s) been convicted of any violations of the Drug-Free Workplace Act of 1988 in the last two years?**

YES [ ] NO [ ]

* 1. **Is the proposed Prime Recipient, Subrecipient(s), PI, or Co-PI(s) currently under U.S. Federal or State investigation for research misconduct that occurred in the last five years?**

YES [ ] NO [ ]

* 1. **Has the proposed Prime Recipient, Subrecipient(s), PI, or Co-PI(s) been convicted by U.S. Federal or State entities of research misconduct in the last two years?**

YES [ ] NO [ ]

* 1. **Has any Federal agency proposed the proposed Prime Recipient, Subrecipient(s), PI, or Co-PI(s) for suspension or debarment?**

YES [ ] NO [ ]

* 1. **Is the proposed Prime Recipient, Subrecipient(s), PI, or Co-PI(s) debarred, suspended, or otherwise declared ineligible from receiving Federal contracts, subcontracts, or financial assistance and benefits?**

YES [ ] NO [ ]

* 1. **Is the proposed Prime Recipient or Subrecipient(s) insolvent?**

YES [ ] NO [ ]

* 1. **Is the proposed Prime Recipient or Subrecipient(s) at risk of insolvency?**

YES [ ] NO [ ]

* 1. **Has the proposed Prime Recipient or Subrecipient(s) filed for bankruptcy or insolvency in any domestic or foreign jurisdiction in the last three years?**

YES [ ] NO [ ]

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| **Applicant:** |
| **Application Control Number:**  |

1. **POTENTIAL CONFLICTS OF INTEREST WITHIN PROJECT TEAM:** Mandatory. No page limit. The Applicant is required to disclose potential conflicts of interest within the Project Team. An apparent or actual conflict of interest may exist where an individual or entity has different, and potentially conflicting, duties or relationships with respect to other individuals or entities within the Project Team. Complete a separate table for each potential conflict of interest. If additional tables are required, include the tables in an addendum to this form. If no conflicts of interest exist, check the box marked “None” below. Examples of potential conflicts of interest include but are not limited to:
* The PI for the Prime Recipient has an equity stake in a Subrecipient;
* The PI for a Subrecipient has a consulting arrangement with the Prime Recipient; or
* A Subrecipient is a subsidiary of or otherwise affiliated with the Prime Recipient.

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| **If NONE, check here** **[ ]**  |

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| **Conflicted Individual or Entity #1:**       |
| **Description of Potential Conflict of Interest:**       |

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| **Conflicted Individual or Entity #2:**       |
| **Description of Potential Conflict of Interest:**       |

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| **Applicant:** |
| **Application Control Number:**  |

1. **COST SHARE VERIFICATION** (see Section III.D.6 of the FOA)**:** Mandatory. If applying for a Combined Phase I/II award or a Combined Phase I/II/IIS award, the Applicant must provide written assurance of its cost share commitment in Phase II and Phase IIS of the project (as applicable). The Applicant is bound by the cost share proposed in this form. Complete a separate table for each source of cost share. If additional tables are required, include the tables in an addendum to this form.

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| **Source of Cost Share #1:**       |
| **Type of Contribution (Cash or In-Kind):**       |
| **Value of Contribution (in Dollars):**       |
| **Value of Contribution (as % of Total Project Cost in Phases II and IIS):**       |
| **If In-Kind, Detailed Description of Contribution:**       |
| **If In-Kind, Relevance to Project Objectives:**       |

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| **Source of Cost Share #2:**       |
| **Type of Contribution (Cash or In-Kind):**       |
| **Value of Contribution (in Dollars):**       |
| **Value of Contribution (as % of Total Project Cost in Phases II and IIS):**       |
| **If In-Kind, Detailed Description of Contribution:**       |
| **If In-Kind, Relevance to Project Objectives:**       |

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| **Source of Cost Share #3:**       |
| **Type of Contribution (Cash or In-Kind):**       |
| **Value of Contribution (in Dollars):**       |
| **Value of Contribution (as % of Total Project Cost in Phases II and IIS):**       |
| **If In-Kind, Detailed Description of Contribution:**       |
| **If In-Kind, Relevance to Project Objectives:**       |

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| **Applicant:** |
| **Application Control Number:**  |

1. **WAIVER REQUEST – FOREIGN WORK** (see Section IV.G.6 of the FOA)**:** Optional. No page limit. ARPA-E requires all work to be performed in the United States . Applicants may request a waiver of this requirement if they wish to perform some work overseas. Complete a separate table for each entity that is requesting to perform work overseas. If additional tables are required, include the tables in an addendum to this form. If no work will be performed overseas, check the box marked “Not Applicable” below.

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| **If NOT APPLICABLE, check here [ ]**  |

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| **Entity #1:**       |
| **Countries in Which Work Will Be Performed :**       |
| **Description of Work to Be Performed:**       |
| **Rationale for Performing Work Overseas:**       |

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| **Entity #2:**       |
| **Countries in Which Work Will Be Performed :**       |
| **Description of Work to Be Performed:**       |
| **Rationale for Performing Work Overseas:**       |

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| **Entity #3:**       |
| **Countries in Which Work Will Be Performed :**       |
| **Description of Work to Be Performed:**       |
| **Rationale for Performing Work Overseas:**       |

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| **Applicant:** |
| **Application Control Number:**  |

1. **WAIVER REQUEST – U.S. MANUFACTURING REQUIREMENT** (see Section VI.B.8 of the FOA**):** Optional. No page limit. Applicants may request a modification or waiver of the U.S. Manufacturing Requirement described in Section VI.B.8 of the FOA. Modifications or waivers will be granted only in exceptional circumstances. In return for a modification or waiver, the Applicant is required to make specific, tangible commitments for investments in the United States that are consistent with ARPA-E’s statutory mission (42 U.S.C. § 16538(c)). If the Applicant is not seeking a modification or waiver of the U.S. Manufacturing Requirement, check the box marked “Not Applicable” below.

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| **If NOT APPLICABLE, check here [ ]**  |

* 1. **Briefly describe your business model and plans for manufacturing products embodying subject inventions (or products produced through the use of subject inventions) in the United States and overseas, and explain why the products cannot be manufactured in the United States.**

* 1. **Briefly describe your existing investments in the United States, including (1) the number of employees, facilities, and locations, and (2) the types of activities performed at each location (e.g., RD&D, manufacturing, administration).**

* 1. **Briefly describe your planned investments in the United States with respect to the subject inventions, including staffing, manufacturing, RD&D, and facility usage or buildout.**

* 1. **Briefly describe your business plan for the subject inventions (e.g., initial work in the United States with subsequent global diversification).**

* 1. **Briefly describe any U.S. jobs that will be created as a result of activities relating to the subject inventions.**

* 1. **Briefly describe how your investments will further the development and deployment of the technology in the United States and any other benefits that its work may have for the U.S. economy.**

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| **Applicant:** |
| **Application Control Number:**  |

1. **FFRDC AUTHORIZATION** (see Section II.B.2 of the FOA)**:**  Mandatory for FFRDC subrecipients. No page limit. DOE/NNSA FFRDCs proposed as subrecipients are required to obtain written authorization from the cognizant DOE/NNSA contracting officer. Non-DOE/NNSA FFRDCs proposed as subrecipients are required to obtain written authorization from the cognizant Federal agency sponsoring the FFRDC. If the Applicant does not propose a FFRDC subrecipient, check the box marked “Not Applicable” below.

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| **If NOT APPLICABLE, check here [ ]**  |

The written authorization must be appended to this form and be signed and dated by the authorizing contracting officer. The following wording is suggested (but not mandatory) for the written authorization. The authorizing contracting officer may use other language, as appropriate.

“Authorization is granted for [FFRDC Name] to participate in the proposed project. The work proposed for [FFRDC Name] is consistent with or complimentary to the missions of [FFRDC Name], will not adversely impact execution of assigned programs at [FFRDC Name], and will not place [FFRDC Name] in direct competition with the domestic private sector.”

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| **Applicant:** |
| **Application Control Number:**  |

1. **FIELD WORK PROPOSAL**: Mandatory for DOE/NNSA FFRDC subrecipients only. No page limit. DOE/NNSA FFRDCs proposed as subrecipients are required to append a Field Work Proposal to this form. The Field Work Proposal must conform to the instructions in DOE O 412.1A, “Work Authorization System” (<https://www.directives.doe.gov/directives/0412.1-BOrder-a/view>). If the Applicant does not propose a DOE/NNSA FFRDC subrecipient, check the box marked “Not Applicable” below.

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| **If NOT APPLICABLE, check here [ ]**  |

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| **Applicant (Prime Recipient):** |
| **Application Control Number:**  |

**ADDENDUM**

***The Applicant is encouraged to use this additional space to provide supplemental detail on questions 1-9 of this form, as needed.***

1. **DISCLOSURE OF POTENTIAL IMPROPRIETIES**

**If the answer to any of the questions in Question 1 is “Yes,” the Applicant may use the space below to provide a detailed explanation. No page limit.**

1. **POTENTIAL CONFLICTS OF INTEREST WITHIN PROJECT TEAM**

**If additional tables are required for Question 2, the Applicant may create supplemental tables below. Please remember to update the COI # accordingly. No page limit.**

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| **Conflicted Individual or Entity #X:**       |
| **Description of Potential Conflict of Interest:**       |

1. **COST SHARE VERIFICATION**

**If additional tables are required for Question 3, the Applicant may create supplemental tables below. Please remember to update the Source of Cost Share # accordingly. No page limit.**

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| **Source of Cost Share #X:**       |
| **Type of Contribution (Cash or In-Kind):**       |
| **Value of Contribution (in Dollars):**       |
| **Value of Contribution (as % of Total Project Cost):**       |
| **If In-Kind, Detailed Description of Contribution:**       |
| **If In-Kind, Relevance to Project Objectives:**       |

1. **WAIVER REQUEST – FOREIGN WORK**

**If additional tables are required for Question 4, the Applicant may create supplemental tables below. Please remember to update the Entity # accordingly. No page limit.**

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| **Entity #X:**       |
| **Countries in Which Work Will Be Performed :**       |
| **Description of Work to Be Performed:**       |
| **Rationale for Performing Work Overseas:**       |

1. **WAIVER REQUEST – TECHNOLOGY TRANSFER AND OUTREACH COSTS**

**Please use this space to provide additional Rationale details, if necessary. No page limit.**

1. **REQUEST – TECHNOLOGY INVESTMENT AGREEMENT**

**Please use this space to provide additional details, if necessary. No page limit.**

1. **WAIVER REQUEST – U.S. MANUFACTURING REQUIREMENT**

**Please use this space to provide additional details, if necessary. No page limit..**

1. **FFRDC AUTHORIZATION**

**Please use this space to append the information requested in Question 8.**

1. **FIELD WORK PROPOSAL**

**Please use this space to append the information requested in Question 9.**