Initial Resubmission

Chandra Cost Proposal Cover Page

Cost Proposal Principal Investigator (PI)							
Department							
Institute							
Address/Street		Mail Stop		City/Town			
State/Province		Zip/Postal Code		Country			
Telephone	Fax			E-Mail Address			
Science PI Name, if different from Cost PI			Science PI Institution				
Proposal Title							
CXC Science Proposal Number	Applicant Tracking Number				Applicant Type		
Proprietary Content?			Multi-Year Award?				
EIN/TIN	CAGE Code			DUNS Number			
Legal Name of Institution							
Institution Administrative Contact Name			Administrative Contact Position /Title				
Administrative Mailing Address: Department/Mail Stop							
Street/P.O. Box	City				State	Zip Code	
Telephone	Fax			E-Mail Address			
INSTITUTIONAL ENDORSEMENT The authorizing institution signature on this page certifies that the proposing institution endorses the proposal submission, and has read and is in compliance with the required certifications.							
Name/Title, Authorized Signatory				Date			
Signature							

Certification of Compliance

By signing and submitting this cost proposal for the Chandra General Observer program, the Authorized signatory of the proposing institution:

- 1) Certifies that the statements made in this proposal are true and complete to the best of his/her knowledge;
- 2) Agrees to accept the obligation to comply with the SAO Award Terms and Conditions;
- 3) Verifies that he/she has read and is in compliance with the required Certifications cited in the Call for Proposals, Appendix A;
- 4) Certifies that the costs associated with any federal employee listed on this cost proposal are not available through the federal agency they are employed by; and
- 5) Certifies that no funding will flow through the proposing institution to non-U.S. Investigators as defined in Chapter 8 of the Call for Proposals