

The following two documents need to be completed and submitted with each TSIP proposal:

- (1) A “Cover and Certification Sheet” which documents the title of your proposal, the PI and Co-I’s, the authorizing institutional representative, and similar information.. A signed hard copy of this Cover Sheet must be received by the TSIP office within five days of your proposal submission. The signed form should be sent by mail or fax to:

TSIP Program Director
c/o NOAO
POB 26732
Tucson, AZ 85726-6732
Tel: (520) 318-8352
Fax: (520) 318-8170

- (2) A budget page, based on the standard “Summary Proposal Budget” form used for NSF grant proposals, must be completed for each year of support requested, and a cumulative budget for the total project must also be submitted. Definitions of the cost items in the TSIP budget form can be found in the NSF Grant Proposal Guide NSF 02-2, Chapter II.6, pp. 13ff. (The GPG is available on line at: <http://www.nsf.gov/cgi-bin/getpub?gpg>) If you have any questions about the TSIP budget forms or the allowability of any items, please contact Jim Tracy, NOAO Accounting Office, (520) 318-8234, jtracy@noao.edu.

If you wish to receive electronic versions of either of these two documents, please e-mail Diane Brouillette, System Project Office at NOAO, diane@noao.edu.



**PROPOSAL COVER AND CERTIFICATION SHEET
FOR THE TELESCOPE SYSTEM INSTRUMENTATION PROGRAM (TSIP)**

Title of Proposed TSIP Project		
Requested Amount (\$)	Proposed Duration (in Months)	Requested Starting Date
Name of Principal Investigator/Project Director		PI/PD Electronic Mail Address
PI/PD Institution		PI/PD Telephone Number
Address of Awardee Institution/Organization		
Signature of Principal Investigator		Date
Name of Co-Principal Investigator/Project Director		Co-PI/PD Electronic Mail Address
Co-PI/PD Institution		Co-PI/PD Telephone Number
Signature of Co-PI/PD		Date

Certification for Authorized Institutional Representative

By signing this certification and submitting this proposal, 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 AURA award terms and conditions if an award is made as a result of this proposal application. Further, the applicant is hereby providing certification regarding debarment and suspension and lobbying activities, as set forth in the National Science Foundation Grant Proposal Guide (GPG), NSF 01-2. Willful provision of false information in this proposal 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 National Science Foundation 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 AURA.

Name/Title of Authorized Institutional Representative		Signature	Date
Telephone Number	Electronic Mail Address	Fax Number	
Name and Address of Authorizing Institution			

► ***A signed hard copy of this Cover and Certification Sheet should be sent by mail or facsimile to:***

**The TSIP Program at NOAO
C/o National Optical Astronomy Observatory
POB 26732
Tucson, AZ 85726-6732
Fax (520) 318-8170**



TSIP SUMMARY PROPOSAL BUDGET – YEAR 1

FOR NOAO USE ONLY

ORGANIZATION NAME				PROPOSAL NO.		DURATION (MONTHS)		
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR				AWARD NO.		Proposed	Granted	
A. SENIOR PERSONNEL: PI/PD, Co-PIs, Faculty and Other Senior Associates List each separately with name and title. (A.7. Show number in brackets)				NOAO-Funded Person-months			Funds Requested By Proposer	Funds Granted (If Different)
				CAL	ACAD	SUMR		\$
1.								
2.								
3.								
4.								
5.								
6. () OTHERS (LIST INDIVIDUALLY ON BUDGET EXPLANATION PAGE)								
7. () TOTAL SENIOR PERSONNEL (1-6)								
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)								
1. () POSTDOCTORAL ASSOCIATES								
2. () OTHER PROFESSIONALS (TECHNICIAN, PROGRAMMER, ETC.)								
3. () GRADUATE STUDENTS								
4. () UNDERGRADUATE STUDENTS								
5. () SECRETARIAL - CLERICAL (IF CHARGED DIRECTLY)								
6. () OTHER								
TOTAL SALARIES AND WAGES (A + B)								
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)								
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C)								
D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$5,000.)								
TOTAL EQUIPMENT								
E. TRAVEL								
1. DOMESTIC (INCL. CANADA, MEXICO AND U.S. POSSESSIONS)								
2. FOREIGN								
F. PARTICIPANT SUPPORT								
1. STIPENDS \$ _____								
2. TRAVEL _____								
3. SUBSISTENCE _____								
4. OTHER _____								
TOTAL NUMBER OF PARTICIPANTS ()				TOTAL PARTICIPANT COSTS				
G. OTHER DIRECT COSTS								
1. MATERIALS AND SUPPLIES								
2. PUBLICATION/DOCUMENTATION/DISSEMINATION								
3. CONSULTANT SERVICES								
4. COMPUTER SERVICES								
5. SUBAWARDS								
6. OTHER								
TOTAL OTHER DIRECT COSTS								
H. TOTAL DIRECT COSTS (A THROUGH G)								
I. INDIRECT COSTS (F&A) (SPECIFY RATE AND BASE)								
TOTAL INDIRECT COSTS (F&A)								
J. TOTAL DIRECT AND INDIRECT COSTS (H + I)								
K. RESIDUAL FUNDS (IF FOR FURTHER SUPPORT OF CURRENT PROJECT SEE GPG II.D.7.j.)								
L. AMOUNT OF THIS REQUEST (J) OR (J MINUS K)						\$	\$	
M. COST SHARING: PROPOSED LEVEL \$				AGREED LEVEL IF DIFFERENT: \$				
PI/PD TYPED NAME				DATE		FOR NOAO USE ONLY		
						INDIRECT COST RATE VERIFICATION		
ORG. REP. TYPED NAME				DATE				