

**JOINT CENTER FOR AEROSPACE TECHNOLOGY INNOVATION (JCATI)
2022 RFP COVER SHEET**

Proposal Title:			
Principal Investigator (Last, First):		PI Title:	
Co-Principal Investigator (Last, First):		Co-PI Title:	
Applicant University:			
Department:		Funding Request:	
Industry Partners			
1		3	
2		4	
Compliance Questions: <i>if you respond YES to any of the questions below and your proposal is selected for funding, you may be required to provide more information prior to funds being released by JCATI.</i>			
Will the proposed activity create a potential conflict of interest for any investigators involved in the project?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the proposed activity involve access to classified information?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the proposed activity involved shipping items or technology to international entities or end users?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the proposed activity involve sharing export-controlled technology with a foreign national, either within or outside the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the proposed activity have potential military application?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Intellectual Property Policy: <i>Intellectual property resulting from JCATI funded research is governed by the intellectual property policies of the applicant organization.</i>			
Does the applicant organization have policies regarding ownership and management of intellectual property developed by its employees?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant organization have a formal mechanism for managing the protection and commercialization of intellectual property?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you applying for optional Undergraduate Scholars Program (USP) funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you applying for optional JCDREAM funds? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Applicant Contact Information			
Name:		Title:	
Address:		Phone:	
		Email:	
Applicant/Department Chair Certification		Applicant/Dept Chair Signatures and Date	
I certify that the statements herein are true, complete and accurate to my knowledge. I am aware that any false, fictitious or fraudulent statements or claims may subject me to civil or administrative penalties. I have read, understood and am willing to accept the JCATI agreement terms.		Applicant/ Date	
		Dept Chair/Date	