

# Application Title Page

## U.S.-Israel Science and Technology Foundation

### Summer 2003 Request for Proposals in Information, Communication, and Electronics (ICET) and Dual Use Technologies

1. Coordinating institution: \_\_\_\_\_
2. Principal Investigator or Director name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
3. Other cooperating institution(s) and director (s) (add sheets as necessary):  
Institution: \_\_\_\_\_  
Co-partnership director's name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
4. Proposed Title of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Funds requested of USISTF (\$150,000 maximum): \$ \_\_\_\_\_
6. Cost-share from institutional partners: \$ \_\_\_\_\_
7. Total project budget: \$ \_\_\_\_\_
8. Other partners (e.g., other higher education institutions, community organizations, businesses, NGOs, and state or local government):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you require assistance and guidance in identifying appropriate partnering entities in the other country after the award has been granted?  
 Yes  No

10. Priority area(s) addressed:

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11. Please state if this proposal embodies an original program or is a supplement to an existing program. In addition, please list any other agencies where you have submitted this particular proposal or any similar/overlapping application for funding. Also, if this proposal is a component of a larger project that has been funded or for which funds are being sought, please explain.

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12. I certify that the performance of this project does not constitute any real or apparent conflicts of interest in accordance with the USISTF "Code of Conduct" and "Policies and Procedures for the Awarding of Funding Agreements".

Yes  No

13. I certify that the performance of this project will be in compliance with the USISTF "Certification of Compliance with Laws and Federal Statutory Provisions".

Yes  No

14. Duration of project: \_\_\_\_\_

15. Signatures—An officer from the coordinating institution must authorize this proposal. Repeat the format below to accommodate all necessary signatures.

_____ Principal Investigator or Director Name	_____ Signature	_____ Date
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\_\_\_\_\_  
Principal Investigator or Director Title

_____ Institution CEO (or designee) Name	_____ Signature	_____ Date
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\_\_\_\_\_  
Institution CEO (or designee) Title

_____ Cooperating Institution Partnership Director Name	_____ Signature	_____ Date
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\_\_\_\_\_  
Cooperating U.S. Institution Partnership Director Title

_____ Cooperating Institution CEO (or designee) Name	_____ Signature	_____ Date
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\_\_\_\_\_  
Cooperating Institution  
CEO (or designee) Title