

Amendment #0001 for BAA 07-016
“FY08 Basic and Applied Research In Under Sea Medicine”
14 JUN 2007

The purpose of amendment #0001 is to remove the electronic submission option for grants due to a technical error with the solicitation on www.grants.gov website.

1. Item #5, entitled “Submission of Grant Proposals to Grants.gov”, of Section IV, entitled “Application and Submission Information” is revised to read as follows:

“5. Submission of Grant Proposals

Grant proposals may **only** be submitted by hard copy. The format and content should follow what is outlined in Section IV, item #2.

With the hard copy submission, the offeror must use the Grants.gov form from the application package template associated with the BAA found as Attachment 1 to this BAA (SF 424).

To be considered for award, applicants must include the ONR Department Code in Block 4 entitled “Federal Identifier” of the Standard Form (SF) 424 R&R. For this announcement, the appropriate ONR Department Code is 342. Only one Department Code may be selected.

Block 9 (Name of Federal Agency) of the SF 424 should read “Office of Naval Research”, and block 10 (Catalog of Federal Domestic Assistance Number) should read 12.300, with the title “Basic and Applied Scientific Research.”

2. Attachment 1 is added to BAA 07-016.

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width: 150px;" type="text"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width: 150px;" type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: <input style="width: 100px;" type="text"/></p> <p>b. NO <input type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.*

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative**

*** Date Signed**

Completed on submission to Grants.gov

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20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.