

**NASA Florida Space Grant Consortium  
2017-18 Hybrid Rocket Competition**

Team Name(s): \_\_\_\_\_

Faculty PI: \_\_\_\_\_

Department/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Budget Request: \$\_\_\_\_\_ Note: A detailed budget justification is required.

Please identify which categories are applicable to your project (check all that apply):

Maximum Altitude

Closest to 2000 Ft.

Total Number of Teams: \_\_\_\_\_

Total Number of Students: \_\_\_\_\_

Start Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature) Faculty PI / Date

\_\_\_\_\_  
(Signature) Department Head / Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
(Signature) Sponsored Research Official / Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

## INFORMATION ABOUT PRINCIPAL INVESTIGATORS/PROJECT DIRECTORS

Submit only ONE copy of this form with your proposal. Attach it on top of the cover page of the copy of your proposal that bears the original signatures. Leave the back of the page blank. Do not include this form with any of the other copies of your proposal including the electronic submission, as this may compromise the confidentiality of the information. Please check the appropriate answers to each question for all principal investigator(s)/project director(s) listed on the cover page, using the same order in which they were listed there:

|   | Faculty<br>Principal<br>Investigator | Second<br>Additional<br>PI | Third<br>Additional<br>PI | Fourth<br>Additional<br>PI | Fifth<br>Additional<br>PI |
|---|--------------------------------------|----------------------------|---------------------------|----------------------------|---------------------------|
| 1. Is this person   |                                      |                            |                           |                            |                           |
| Female  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Male  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 2. Is this person a   |                                      |                            |                           |                            |                           |
| U.S Citizen   | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Permanent Resident  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Other non-U.S. Citizen  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 3. Which one of these categories best describes this person's ethnic/racial status? (If more than one category applies, use the category that most closely reflects the person's recognition in the community.) |                                      |                            |                           |                            |                           |
| American Indian or Alaskan Native   | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Asian   | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Black, not of Hispanic Origin   | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Hispanic  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Pacific Islander  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| White, not of Hispanic Origin   | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| 4. Does this person have a disability* which limits a major life activity?  |                                      |                            |                           |                            |                           |
| Yes   | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| No  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| Check here if the person does not wish to provide some or all of the above information  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |
| <b>Required: Check here if this person is currently serving (or has previously served) as PI, Co-PI or PD on any Federally funded project.</b>  | <input type="checkbox"/>             | <input type="checkbox"/>   | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

ASIAN: A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent. This area includes for example, China, India, Indonesia, Japan, Korea and Vietnam.

BLACK, NOT OF HISPANIC ORIGIN: A person having origins in any of the black racial groups of Africa.

HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii; the U.S. Pacific territories of Guam, American Samoa, and the Northern Marianas; the U.S. Trust Territory or Palau; the islands of Micronesia; or the Philippines.

WHITE, NOT OF HISPANIC ORIGIN: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\*DISABLED: A person having a physical or mental impairment that substantially limits one or more major life activities; one who has a record of such impairment; or who is regarded as having such an impairment.

### WHY THIS INFORMATION IS BEING REQUESTED:

The Federal Government and the FSGC have a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of the proposed principle investigators/project directors and co-principle investigators. To gather the information needed for this important task, you should submit a single copy of this form with each proposal; however, submission of the requested information is not mandatory and is not a precondition of award. Any individual not wishing to submit the information should check the box provided for this purpose. (The exception is information about previous Federal support, the last question above.)

Information from this form will be retained by the FSGC as an integral part of their Privacy Act Systems of Records in accordance with the Privacy Act of 1974. These are confidential files accessible only to appropriate personnel and will be treated as confidential to the extent permitted by law. Data submitted will be used in accordance with criteria established by the respective Federal agency for awarding grants for research and education, and in response to Public Law 99-383 and 42 USC 1885c.

NSF Form 1225(1/90) Adapted by Florida Space Grant Consortium (11/00)