



RESEARCH PROJECT PROPOSAL FORM

1. **Name:** _____
(First) (Middle) (Last)

2. **Specify at which DHS Center of Excellence you wish to conduct your summer research:**
DHS Center: _____

3. **Specify the relevant homeland security research area:**
DHS Research Area: _____

4. **Provide the title of the proposed research project:**

5. **State the names of persons at the DHS Center with whom you have discussed the proposed research project:**
Persons Contacted: _____

6. **Describe the project you are proposing and its relevancy to the DHS mission. (maximum of 2.5 pages)**

Name: _____

Project description continued...

Name: _____

Project description continued...

Name: _____

7. **Explain why you selected the proposed project and describe how your participation in this program will benefit teaching and research activities at your home academic institution (i.e., new course, new curriculum, and new research project).** *(maximum of 1 page)*

Name: _____

8. Describe the knowledge, skills and abilities you will bring to the project. (maximum of 1 page)

Name: _____

9. Identify your team member(s) and briefly explain why you have selected them and why they will be a good match for the project. Describe how long and in what capacity you have known them. List classes in which you have taught them.

Student 1: _____
(First) *(Middle)* *(Last)*

Student 2: _____
(First) *(Middle)* *(Last)*

Name: _____

CERTIFICATION OF ACCURACY OF INFORMATION PROVIDED

I am aware that this program is supported by funding from the United States Government and, therefore, is subject to Federal law regarding false statements and fraud, particularly the criminal provisions of 18 U.S. Code Section 1001.

The information requested on the application materials will be used in connection with the selection of qualified applicants and may be disclosed to qualified reviewers, and DHS and ORISE staff as part of the review and selection process; to the institution the applicant is attending or is planning to attend or is employed by for the purpose of facilitating review or award decisions, or administering the awards; to government contractors, experts, volunteers and researchers and educators as necessary to complete assigned work; to other government agencies needing data regarding applicants or as part of the review process, or in order to coordinate programs; and to another Federal agency, court or party in a court or Federal administrative proceeding if the government is a party. Information from this system of records may be merged with other computer files to carry out statistical studies the results of which do not identify individuals. Disclosure may be made of awardees' names, home institutions, and fields of study for public information purposes.

This application will be copied and used solely for the purpose of selecting participants and administering the Program. Disclosure of the information is subject to Public Law 93-579 (Privacy Act of 1974) and Department of Homeland Security regulations.

By signing below, I certify, under penalty of law, that the submitted application contains no false or fraudulent representations, statements, or entries. I further certify that, to the best of my knowledge, all information contained in this application is accurate. I understand that any falsification will render me ineligible for participation and, if found after participation has begun, may require me to reimburse any funds received.

Signature: _____

Date (mm/dd/yyyy): _____

*This form must be submitted to ORISE by email to dhsed@orau.org by **February 3, 2014**.*

If your computer does not support the electronic signature feature:

- Complete this form with the exception of the signature page. Save an electronic copy of the form on your computer.
- Print out the signature page; sign and date it.
- Scan the signature page **ONLY** into an electronic document saved on your computer.
- In one email to dhsed@orau.org, send the electronic copy of the form and the signature page file as email attachments.