

DRIVE EZ-BAA Solicitation – Abstract Sample

Introduction

This form is provided for reference only and should not be filled out. To apply for EZ BAA funding, please use our online portal. For details on the funding scope, priorities and timing, please visit drive.hhs.gov and review the solicitation (BAA-18-100-SOL-00018) at [Federal Business Opportunities \(FBO\)](http://Federal Business Opportunities (FBO)).

Upon receiving an account for the DRIVE EZ BAA portal, you will be asked to fill out the form fields below. In order to assist with your preparations for abstract submission, the following document is provided as reference.

Please note that in order to **submit** a proposal you must have an active registration in the System for Award Management (SAM). You can register and check your registration status at sam.gov. Full application instructions, including review criteria, can be found at in the solicitation posted on fbo.gov. Additional resources are also available on drive.hhs.gov.

Reference – Do Not Submit

A. Basic Information (* Denotes required field.)

IMPORTANT: All fields labeled in red contain proprietary information.

First Name *:

Middle:

Last Name *:

Email *:

Email (confirm):

If your primary work location is different from your organization's headquarters, please enter those details below. Otherwise, leave blank except for phone number(s). You will be prompted to enter your organization's main address on the next screen.

Office Address 1 *:

Office Address 2:

City *:

State / Province / Region *:

Zip / Postal Code*:

Country *:

Phone *:

Mobile:

A.1 How did you learn about BARDA? Check all that apply.

BARDA Industry Day

DRIVE Event

News article or blog

DRIVE website

DRIVE Accelerator

BARDA via medicalcountermeasures.gov or phe.gov

Advocacy group

A colleague

Social media

Scientific conference

Scientific publication

Other, describe

Reference – Do Not Submit



B. Organizational Information

B.1 Address (* Denotes required field.)

Organization Name *:

Address 1 *:

Address 2:

City *:

State / Province / Region *:

Zip / Postal Code *:

Country *:

Website:

B.2 Details (* Denotes required field.)

Business type, size, revenue, and prior award information is for survey and metrics reporting purposes only and the proposal will be based on solicitation criteria ONLY and not on this information.

Is your organization registered in the SAM? *

Yes - Enter DUNS:

Enter CAGE:

No - Without an active registration, your proposal cannot be reviewed. Go to sam.gov to register.

Specify the legal structure of the organization applying for the DRIVE award. * (select 1)

Privately held company

Publicly held company

FFRDC

Educational Institution

Non-Governmental Organization

Other Non-Profit Organization

Non-legal entity

NAICS Code (Click [here](#) for complete listing) *:

Business Size: *

Number of Employees *:

Annual Revenue *:

Socio-Economic Status (Select all that apply.)

Minority Owned Business

Asian-Pacific American Owned

Subcontinent Asian (Asian-Indian) American Owned

Black American Owned

Hispanic American Owned

Native American Owned

Woman Owned Business

Woman Owned Small Business

Economically Disadvantaged Woman Owned Small Business

Joint Venture Woman Owned Small Business

Joint Venture Economically Disadvantaged Woman Owned Small Business

Veteran Owned Business

Service Disabled Veteran Owned Business

Other

Community Development Corporation Owned Firm

Labor Surplus Area Firm

Self Certified Small Disadvantaged Business

SBA Certified 8A Program Participant

SBA Certified HUB Zone Firm

AbilityOne (formerly JWOD) Non-Profit Agency

Reference – Do Not Submit



Have you ever been awarded a government (federal, state, local, tribal or territorial) contract or grant? Yes No

Are you currently under a grant or contract issued by BARDA? Yes No

If yes, what was the date of the most recent award?

If yes, what was the period of performance?

If yes, what was the total dollar value of the contract or grant?

Have you previously applied to DRIVE for the same or a substantially similar project? *

Yes - Please provide application ID:

No

C. Current Funding Sources

Do you presently receive funding from any USG entities? * (Check all that apply.)

- BARDA
CARB-X
NIAID Pre-clinical Services
NIH/NIAID/SBIR/STTR grants or contract
Centers for Disease Control and Prevention (CDC)
Other HHS
Defense Advanced Research Projects Agency (DARPA)
Defense Threat Reduction Agency (DTRA)
Defense Health Agency (DHA)
Other DoD
National Science Foundation (NSF)
Department of Energy (DOE)
Department of Homeland Security (DHS)
Intelligence Advanced Research Projects Activity (IARPA)
Small Business Administration
Other department
No US Government funding

Reference – Do Not Submit

IMPORTANT: All fields labeled in red contain proprietary information.

Please describe your proposed project in 12,500 characters or less. This information should include a description of the technology, including the scientific basis and previous development; description of tasks and deliverables; anticipated risks; and metrics of success relative to the applicable DRIVE program. Please limit generic background information to allow a more detailed description of your proposed scope of work. *

Reference – Do Not Submit



IMPORTANT: All fields labeled in red contain proprietary information.

Please describe your proposed project costs in 12,500 characters or less. Make sure to include clear tasks and deliverables.* For helpful reference documents, see drive.hhs.gov/resources.html.

Reference – Do Not Submit



IMPORTANT: All fields labeled in red contain proprietary information.

Please state your major project deliverables in 100 words or less.*

Do you believe a conflict of interest may exist in conjunction with submission of this abstract to BARDA/DRIVE? If so, please list the names of potentially conflicted individual(s) below. A contracting officer will contact you before your abstract is reviewed.

Reference – Do Not Submit