

COOPERATIVE INSTITUTE FOR THE NORTH ATLANTIC REGION

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To:	National Oceanic & Atmospheric Adn Line Office (i.e. OAR/NMFS/NESD			
	Program: Attn: Program Manager:			
	Address:E-mail:			
	Tel:	E-mail:		
From:	m: Mindy Richlen, Cooperative Institute for the North Atlantic Region (CINAR) Woods Hole Oceanographic Institution MS 32, Woods Hole, MA 02543 508-289-2552, E-mail: mrichlen@whoi.edu			
for this		ig be transferred through our	curren	erative Institute, CINAR. Should you recommend funding at NOAA Cooperative Agreement #NA14OAR4320158. ing.
FFO n	umbers: OAR and Others: NOAA-	OAR-CIPO-2017-2005037 or [For	NMFS ONLY: NOAA-OAR-CIPO-2017-2005035
Title of	f Proposal:			
Principal Investigator(s):Email:				
Affilia	tion:			
Institu	tion Proposal #:	Period of Perfor	manc	e:
1 st Yea AND 7	ng: Please check one \square By Year or \square r Funds: $\$____$ 2 nd Year Funds: a as a 7 as a 7 as a 7 as a 8. Case 1 α 7 total direct and indirect costs α 8 Request with Task 1 = $\$__$	\$ 3rd Year Funds: 5	S	
☐ Tasl	Tasks: Please select one Task I. Management of CI II. Research activities usually involve III. Research activities require minima			
☐ Goa ☐ Goa	Goals: Please select one goal 1. Climate Adaptation and Mitigation: 12. Healthy Oceans: Marine fisheries, h 13. Resilient Coastal Communities and	abitats, and biodiversity sustain		
, ,		neme Protection and Restoration of R Bducation and Outreach	esourc	ess Sustained Ocean Observations and Climate Ecosystem Management
Please a	Is there a former DOC employee worl institution who represented or will institution before DOC or another Fede this proposal? □Yes □No	represent the host	 4. 5. 	Is PROGRAM INCOME anticipated being earned during performance of this project? □Yes □No Will a VIDEO be created for public viewing be part of this project? □Yes □No
2.	Does this award include any sub award t Institution? □Yes □No	, ,	6.	Will DOC/NOAA owned equipment be provided to any investigator for use outside a Federal location for this project?
3.	Does the proposed award require any nor sub awardees to have physical access for more than 180 days or to access a system? □Yes □No	s to Federal premises	7.	☐ Yes ☐ No Are any permits required to conduct this project? (If yes, please provide the name of the issuing agency and the permit number.) ☐ Yes ☐ No ☐

DUNS #: 00-176-6682 **Congressional District:** 09 **EIN #:** 04-2105850

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