

COOPERATIVE INSTITUTE FOR THE NORTH ATLANTIC REGION

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To:	National Oceanic & Atmospheric Administration Line Office (i.e. OAR/NMFS/NOS/NWS, etc.)				
	Line Office (i.e.OAR/NMFS/NOS/NWS, etc.): Program: Attn: Program Manager:				
	Address:				
Address:					
From:	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				
FFO nu	umber: □ NOAA-OAR-CIPO-2024-2008126				
Title of	Proposal:				
Principal Investigator(s):		Email:			
Affiliat	ion:				
Institut	tion Proposal #:	Period of Perfor	man	nce:	
Funding	g: Please check one One-Year Project or O	Multi-Year Project			
First Ye	ear Funds: Task II/III (Science Funding): \$	Task I at 3.	3 %:	: \$ Total Year 1 Funding: \$	
Second	Year Funds: Task II/III (Science Funding): \$	Task I at 3.	3 %:	: \$ Total Year 2 Funding: \$	
Third Y	ear Funds: Task II/III (Science Funding): \$	Task I at 3.	3 %:	: \$ Total Year 3 Funding: \$	
				\$ Total Year 4 Funding: \$	
				\$ Total Year 5 Funding: \$	
Total	f Doguest, Tosk II/II (Science Funding), ©	Total Task	т.	\$ Total Funding: \$	
NOAA Goa Goa	Tasks: Please select one: Task II. Reservable Task III. Reservable Task II. Reservable Task III. Reservabl	earch activities require rmed society anticipati and biodiversity sustai	minii ing ai		
□Theme □Theme	Theme: Please select most appropriate theme I: Sustained Ocean Observations and Climate II: Ecosystem Research, Observation, and Modeling	☐Theme III: Stock Ass☐Theme IV: Protected		nent Research cies Research and Recovery Theme V: Ecosystem Based Fisheries Management	
1.	Is there a former DOC employee working for to institution who represented or will represent the host DOC or another Federal agency regarding this propo □Yes □No	st institution before	5.6.	Will a VIDEO be created for public viewing be part of the project? □Yes □No Will DOC/NOAA owned equipment be provided to an investigator for use outside a Federal location for this project	
2.	Does this award include any sub award to a Minor	rity Serving		Yes No	
	Institution? □Yes □No		7.		
3.	Does the proposed award require any non-federal er awardees to have physical access to Federal premis 180 days or to access a Federal information system	es for more than	8.	provide the name of the issuing agency and the permit number ☐ Yes ☐ No Will this project involve research activities performed in the permit number of th	
4.	□Yes □No Is PROGRAM INCOME anticipated being ear		ocean (e.g., sample collection, equipment/instrument deployment, etc.) \(\text{UYes} \) \(\text{UNo} \)		
	performance of this project? □Yes □No	5			
Sponsore Administ Administ	c-6682 Congressional District: 09 EIN #: 04-2105850 and Program Office Contact: Susan Ferreira: Tel.: 508 crative Contact: Mindy Richlen, Tel. 508-289-2552, Intrative Contact: Diane Brown: Tel. (301) 734-1206, Intrative Contact: Sarah Pike: Tel. 508-495-2289: E-m	3-289-2461; E-mail: <u>suferr</u> E-mail: mrichlen@whoi.ed E-mail: diane.brown@noa	du a.gov		