

COOPERATIVE INSTITUTE FOR THE NORTH ATLANTIC REGION

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Го:	National Oceanic & Atmospheric Adminis Line Office (i.e. OAR/NMFS/NOS/NWS,						
	Program:						
	Attn: Program Manager:						
	Address:						
From:	Don Anderson, Contact PI, Cooperative Institute for the North Atlantic Region (CINAR) Woods Hole Oceanographic Institution MS 32, Woods Hole, MA 02543 Tel. 508-289-2351, E-mail: danderson@whoi.edu						
FFO n	umber: □ NOAA-OAR-CIPO-2025-29476						
Title of	f Proposal:						
Princip	oal Investigator(s):	Ema	il:		Phone:		
eRA U	Jser Name: Address	s:					
Institut	tion Proposal #:	Period of Perf	orman	ce:			
Fundin	g: Please check one One-Year Project o	r DMulti-Year Project					
First Ye	ear Funds: Task II/III (Science Funding):	§ Task I at	Task I at 3.5 %: \$		Total Year 1 Funding: \$		
Second	Year Funds: Task II/III (Science Funding):	\$ Task I at	Task I at 3.5 %: \$		Total Year 2 Funding: \$		
Third Y	Year Funds: Task II/III (Science Funding):	\$ Task I at	Task I at 3.5 %: \$		Total Year 3 Funding: \$		
Fourth	Year Funds: Task II/III (Science Funding): S	Task I at	Task I at 3.5% \$		Total Year 4 Funding: \$		
Total	of Request: Task II/III (Science Funding):	S Total T	Гask I:	\$	Total Funding: \$		
	Task II. F	Research activities usuall	y requi	re ongoing <u>direct</u>	t collaboration with NOAA scie		
		Research activities requi	re <u>minir</u>	mal collaboration	<u>n</u> with NOAA scientists.		
CINAR	Theme: Please select <u>most</u> appropriate theme						
	e I: Sustained Ocean Observations e II: Ecosystem Research, Observation, and Modeli	□Theme III: Stock A □Theme IV: Protecte			Theme V: Ecosystem Fisheries Managemen		
Please answer all questions 1. Is there a former DOC employee working for the Constitution who represented or will represent the host instruction bock or another Federal agency regarding this proposal? □ Yes □ No		e host institution before	5.6.	project? □Yes □No		d to any	
2.	Does this award include any sub award to a M	Inority Serving		□Yes □No	<u></u> <u></u> <u></u>		
3.	awardees to have physical access to Federal premises for 180 days or to access a Federal information system? □Yes □No		7.	provide the name ☐Yes ☐No	required to conduct this project? (If ye of the issuing agency and the permit	number.)	
4.			8.	Will this project involve research activities performed in the ocean (e.g., sample collection, equipment/instrument deployment, etc.) □Yes □No			
••	performance of this project? □Yes □No			,			

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