



COOPERATIVE INSTITUTE FOR THE NORTH ATLANTIC REGION

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To: National Oceanic & Atmospheric Administration (NOAA)
Line Office (i.e. OAR/NMFS/NOS/NWS, etc.): _____
Program: _____
Attn: Program Manager: _____
Address: _____
Tel: _____ E-mail: _____

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 number: ☐ NOAA-OAR-CIPO-2025-29476

Title of Proposal: _____

Principal Investigator(s): _____ Email: _____ Phone: _____

Address: _____

eRA User Name: _____ Period of Performance: _____

Institution Proposal #: _____

Funding: Please check one ☐ One-Year Project or ☐ Multi-Year Project

First Year Funds: Task II/III (Science Funding): \$ _____ Task I at 3.5 %: \$ _____ Total Year 1 Funding: \$ _____

Second Year Funds: Task II/III (Science Funding): \$ _____ Task I at 3.5 %: \$ _____ Total Year 2 Funding: \$ _____

Third Year Funds: Task II/III (Science Funding): \$ _____ Task I at 3.5 %: \$ _____ Total Year 3 Funding: \$ _____

Fourth Year Funds: Task II/III (Science Funding): \$ _____ Task I at 3.5 %: \$ _____ Total Year 4 Funding: \$ _____

Total of Request: Task II/III (Science Funding): \$ _____ Total Task I: \$ _____ Total Funding: \$ _____

Task II. Research activities usually require ongoing direct collaboration with NOAA scientists.

Task III. Research activities require minimal collaboration with NOAA scientists.

CINAR Theme: *Please select most appropriate theme*

☐ Theme I: Sustained Ocean Observations

☐ Theme III: Stock Assessment Research

☐ Theme V: Ecosystem Based

☐ Theme II: Ecosystem Research, Observation, and Modeling

☐ Theme IV: Protected Species Research and Recovery

Fisheries Management

Please answer all questions

1. Is there a former DOC employee working for the CI host institution who represented or will represent the host institution before DOC or another Federal agency regarding this proposal?
☐ Yes ☐ No
2. Does this award include any sub award to a Minority Serving Institution? ☐ Yes ☐ No
3. Does the proposed award require any non-federal employees or sub awardees to have physical access to Federal premises for more than 180 days or to access a Federal information system?
☐ Yes ☐ No
4. Is PROGRAM INCOME anticipated being earned during performance of this project? ☐ Yes ☐ No
5. Will a VIDEO be created for public viewing be part of this project? ☐ Yes ☐ No
6. Will DOC/NOAA owned equipment be provided to any investigator for use outside a Federal location for this project?
☐ Yes ☐ No
7. Are any permits required to conduct this project? (If yes, please provide the name of the issuing agency and the permit number.)
☐ Yes ☐ No
8. Will this project involve research activities performed in the ocean (e.g., sample collection, equipment/instrument deployment, etc.) ☐ Yes ☐ No

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

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