Applications must be submitted via the online application system. Applications submitted by other means (including mail, fax, or e-mail) will not be considered.

Understanding Gulf Ocean Systems Grants 2 Contact Information Form

Please remember to view the RFA on our website for complete instructions on submission.

Application Due: June 12, 2019, 5:00 PM ET

As you complete this form, you may click "Save & Continue" at the bottom of the page at any time to save your work. When the form is completed, you may click "Save and Exit" at the bottom of the page to save your work and return to the dashboard.

* denotes required fields

I. Required Information

1. Applicant (i.e. Applying Organization) Information*

The applying organization will be referred to as the "applicant" hereafter. The individual who will lead the proposed project will be referred to as the "project director" hereafter.

Project directors usually initiate proposals that are officially submitted by their employing organizations (the applicant). When initiating a proposal, the project director typically is responsible for ensuring the proposal meets all the requirements outlined by the Gulf Research Program as well as any requirements set by their employing organization.

Organization Name* [   ]

Type of Institution*

- ○ For-profit organization
- ○ Non-profit, non-academic organizations
- ○ State or local government
- ○ University/colleges
- ○ Other (Please specify)

Please Specify* [   ]

DUNS (Data Universal Numbering System) Number*

EIN (Employer Identification Number) or TIN (Taxpayer Identification Number)*

2. Project Director Information*

Prefix*

- ○ Dr.
- ○ Mr.
- ○ Ms.
- ○ Other (Please specify)

Please specify*

First Name*

Last Name*

Professional Title*

Organizational Affiliation*

Department

Office Street Address 1*

Office Street Address 2

Office City*

Office State*

- ○ Alabama
- ○ Alaska
- ○ Arizona
- ○ Arkansas
- ○ California

- ○ Colorado
- ○ Connecticut
- ○ Delaware
- ○ District of Columbia
- ○ Florida

… 33 additional choices hidden …

- ○ South Dakota
- ○ Tennessee
- ○ Texas
- ○ Utah
- ○ Vermont
- ○ Virginia
- ○ Washington
- ○ West Virginia
- ○ Wisconsin
- ○ Wyoming

Office Zip Code*

Office Phone Number* (xxx-xxx-xxxx)

Office Email*

Career Stage*
- ○ Postdoctoral Scholar / Research Scientist, Engineer or Scholar I / Equivalent
- ○ Assistant Professor / Research Scientist, Engineer or Scholar II / Equivalent
- ○ Associate Professor / Research Scientist, Engineer or Scholar III / Equivalent
- ○ Full Professor / Senior Research Scientist, Engineer or Scholar / Equivalent
- ○ Early Career
- ○ Mid-Career / Professional
- ○ Managerial

○ Executive

○ Other (Please specify)

Please specify* [   ]

Expertise (up to 5 words)* [   ]

ORCID--Open Researcher and Contributor ID*

Please enter your ORCID below. If you do not have an ORCID, please <u>register for one</u>.

[   ]

3. Authorized Organizational Representative*

An authorized organizational representative (AOR) or authorized representative is the administrative official who, on behalf of the proposing organization, is empowered to make certifications and assurances and can commit the organization to the conduct of a project that the Gulf Research Program of the National Academies of Sciences, Engineering, and Medicine is being asked to support as well as adhere to various policies and grant requirements of the Academies.

Prefix*

○ Dr.

○ Mr.

○ Ms.

○ Other

Please specify* [   ]

First Name* [   ]

Last Name* [   ]

Professional Title* [   ]

Department [   ]

Office Street Address 1* [   ]

Office Street Address 2

Office City*

Office State*

- ○ Alabama
- ○ Alaska
- ○ Arizona
- ○ Arkansas
- ○ California
- ○ Colorado
- ○ Connecticut
- ○ Delaware
- ○ District of Columbia
- ○ Florida

... 33 additional choices hidden ...

- ○ South Dakota
- ○ Tennessee
- ○ Texas
- ○ Utah
- ○ Vermont
- ○ Virginia
- ○ Washington
- ○ West Virginia
- ○ Wisconsin
- ○ Wyoming

Office Zip Code*

Office Phone Number* (xxx-xxx-xxxx)

Office Email*

Is the AOR the Grant Administrator?*

- ○ Yes
- ○ No

The grant administrator is the organizational point of contact who facilitates and supports award execution during the award period.

4. Grant Administrator* (if not the same as AOR)

Grant Administrator's Prefix*

- ○ Dr.
- ○ Mr.
- ○ Ms.
- ○ Other (Please specify)

Please specify* [   ]

First Name* [   ]

Last Name* [   ]

Office Phone Number (xxx-xxx-xxxx)* [   ]

Office Email* [   ]

II. Optional Information

Completion of this portion of the form is optional. Information provided in this section will help the Gulf Research Program to plan for peer review, understand the diversity of applicants, improve the program's operation, and improve our reach to potential applicants. Information provided in this section will not be used in or influence any portion of the application review process.

5. Suggestions for Reviewers

Each application may include suggestions of up to 5 reviewers whom the project director believes are especially well qualified to review the application. Please provide their names, organizational affiliations, and email addresses, if known. The suggestions may be considered for the peer review of applications, but the selection of reviewers is the responsibility of the Gulf Research Program.

Name	Organizational Affiliation	Email

1. [＿＿＿] [＿＿＿] [＿＿＿]

2. [＿＿＿] [＿＿＿] [＿＿＿]

3. [＿＿＿] [＿＿＿] [＿＿＿]

4. [＿＿＿] [＿＿＿] [＿＿＿]

5. [＿＿＿] [＿＿＿] [＿＿＿]

6. How did you hear about this funding opportunity? Check all that apply.

- ☐ Gulf Research Program website
- ☐ Gulf Research Program e-update
- ☐ Other email communication from the Gulf Research Program
- ☐ Gulf Research Program staff or Advisory Board member
- ☐ Colleague
- ☐ Conference or professional society meeting. Please specify: ＿＿＿＿＿＿＿＿
- ☐ Flyer. Please specify where flyer was obtained, if known: ＿＿＿＿＿＿＿＿
- ☐ Non-GRP email or listserv. Please specify: ＿＿＿＿＿＿＿＿
- ☐ Social Media. Please specify: ＿＿＿＿＿＿＿＿
- ☐ University department or research office
- ☐ Advertisement. Please specify: ＿＿＿＿＿＿＿＿
- ☐ Other. Please specify: ＿＿＿＿＿＿＿＿

7. Demographic Information

i. Please select the project director's gender
- ○ Female
- ○ Male
- ○ Other

ii. Please select the project director's ethnicity
- ○ American Indian or Alaskan Native
- ○ Asian

- ○ Black or African American
- ○ Hispanic or Latino
- ○ Native Hawaiian or Pacific Islander
- ○ White
- ○ Two or more races
- ○ Other