Understanding Gulf Ocean Systems 3 Contact Information Form

You may click "Save and Continue Editing" at the bottom of the screen at any time. Please note that after clicking, you might receive an error notification that you have not responded to all required questions. However, you should also see small text in the bottom of the task list on the left that begins "Last edited" with a timestamp of when you last saved your progress. This indicates that the application was saved successfully.

To download this form, click the three dots in the upper right corner of the form and click "Download."

When the form is complete, you may click "Mark As Complete" at the bottom of the page to save your work.

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

Letters of Intent Due: March 30, 2021, 5:00 PM ET

* 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 Organization*

- ○ For-profit organization
- ○ Non-profit, non-academic organization
- ○ State or local government

○ University/college

○ Other

Please Specify* [   ]

DUNS (Data Universal Numbering System) Number* [   ]

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

2. Project Director Information*

Prefix (e.g., Dr., Mr., Ms.)* [   ]

First Name* [   ]

Last Name* [   ]

Professional Title* [   ]

Organizational Affiliation* [   ]

Department [   ]

Office Street Address 1* [   ]

Office Street Address 2 [   ]

Office City* [   ]

Office State* ○ Alabama

… 52 additional choices hidden …

○ 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*

Expertise (up to 5 words)*

ORCID (Open Researcher and Contributor ID)*

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

3. Authorized Organizational Representative*

An authorized organizational representative (AOR) or authorized representative is the administrative official who, on behalf of the applicant, 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 (e.g., Dr., Mr., Ms.) *

First Name*

Last Name*

Professional Title*

Department

Office Street Address 1*

Office Street Address 2

Office City*

Office State*   ○   Alabama

... 52 additional choices hidden ...

○   Wyoming

Office Zip Code*

Office Phone Number*
(xxx-xxx-xxxx)

Office Email*

Is the AOR the Grant Administrator?*

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

○   Yes

○   No

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

Prefix (e.g., Dr., Mr., Ms.)*

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 LOI or Full Proposal review processes.

1. Suggestions for Reviewers

Each LOI may include suggestions of up to five reviewers whom the Project Director believes are especially well qualified to review the Full Proposal. Please provide their names, organizational affiliations, and email addresses, if known. The suggestions may be considered for the peer review of Full Proposals, but the selection of reviewers is the responsibility of the Gulf Research Program.

	Name	Organizational Affiliation	Email
1.			
2.			
3.			
4.			
5.			

2. 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

☐ UGOS Standing Committee 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: _____

3. Demographic Information

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

ii. Please select the project director's ethnicity
- ○ Alaskan Native
- ○ American Indian
- ○ Asian
- ○ Black or African American
- ○ Hispanic or Latino
- ○ Native Hawaiian or Pacific Islander
- ○ White
- ○ Two or more races
- ○ Other