

NOAA Cooperative Institute Funding Memorandum

Please submit completed forms to oar.hq.cipo@noaa.gov

MEMORANDUM TO: NOAA Grants Management Division Grants Officer

FROM (Name, Title):

DATE:

SUBJECT: Evaluation of a Proposal Submitted by a NOAA Cooperative Institute

This memorandum describes an evaluation of a research proposal submitted through the Cooperative Institute (CI) program. Instructions on how to complete this document are available on the CI website (<http://ci.noaa.gov>) The signature on this memorandum indicates that this proposal has been reviewed by a NOAA employee that is technically capable of evaluating the proposed project description and budget. The review has determined that the recipient's technical and cost proposal are acceptable as submitted, with any exceptions as noted. Funding is recommended for this project.

1. This proposal was submitted by (select the CI):

2. Were any funds for this project transferred from another Federal Agency?

 NO YES*

*If yes, if selected, this memo serves to notify the Grants Specialist that the transfer is authorized by 118 Stat 71.

3. Proposal Title:

4. Principal Investigator(s): (NOAA PIs working collaboratively with the CIs can not appear as leads on projects being funded through the CI.)

5. Task:

 I II III

Funding
Breakdown
by Task

6. Who should be notified when the performance report for this project is available: (NOTE: This must be a NOAA employee. NOAA employees should not assist in writing the project performance report)

7. Research Theme(s):

8. NOAA Goals and Enterprise-wide Objectives as of 1/1/2011:

The NOAA programs and goals listed above reflect the current NOAA goals and enterprise-wide objectives as identified in the new NOAA Next-Generation Strategic Plan. Please see Instructions for more information.

9. Brief Project Description

10. Entire Project Period: BEGIN END

11. Total Requested Budget: \$

Task I - Break-Out by year and amount: Task I %:

Year 1:	<input type="text"/>	Year 2:	<input type="text"/>	Year 3:	<input type="text"/>
Year 4:	<input type="text"/>	Year 5:	<input type="text"/>	Total:	<input type="text"/>

Project Budget - Break-Out by year and amount:

Year 1:	<input type="text"/>	Year 2:	<input type="text"/>	Year 3:	<input type="text"/>
Year 4:	<input type="text"/>	Year 5:	<input type="text"/>	*Total:	<input type="text"/>

**Total actual funding of a project is based on actual availability of funds during the life of the project and may be less but not more than requested amount.*

12. Conflict of Interest/Post Employment Restrictions

Is there a former DOC employee working for the applicant who represented or will represent the applicant before DOC or another Federal agency regarding this application and/or subsequent award or who has been involved in the merit review and/or selection process?

NO YES

If Yes, please explain below:

13. MINORITY SERVING INSTITUTIONS

Does this award include any subaward to a Minority Serving Institution?

NO YES

14. Homeland Security Presidential Directive - 12

Does the proposed award require any recipient, subawardee, and/or contractor personnel to have physical access to Federal premises for more than 180 days or to access a Federal information system?

NO YES

If Yes, identify the federal employee (name and e-mail address) who will be responsible for ensuring that all requirement for granting such access are met.

15. PROJECT SPECIFIC INFORMATION

(A) Is PROGRAM INCOME anticipated being earned during performance of this project:

NO YES

(B) Will a VIDEO be created for public viewing as part of this project?

NO YES

(C) Is a SURVEY/Questionnaire required by the NOAA Program Office for this project?

NO YES

(D) Will DOC/NOAA owned equipment be provided to the recipient to use for this award?

NO YES (If Yes, list equipment as Special Award Condition in Item 18)

16. COASTAL ZONE MANAGEMENT AWARDS

For Coastal Zone Management Awards, indicate which sections of the CZMA this award addresses:

Section 306/306A NO YES

Section 308 NO YES

Section 309 NO YES

Section 310 NO YES

Section 6217 NO YES

17. CESU AWARDS

Is this a CESU Award?

 NO YES*

If YES, enter justification and verify Grant Type:

18. PERMIT REQUIREMENTS

Are any permits required to conduct this project?

 NO YES*

* If yes, please provide the name of the issuing agency and the permit number:

19. SPECIAL AWARD CONDITIONS (Describe any special award conditions for this project that you wish to add to the award. After review and approval by NOAA Grants Management Division, this condition will become part of the requirements for the award when the amendment is issued):

20. STATUTORY AUTHORITY (Select at least one that is appropriate):

- | | |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 15 U.S.C. 313 | Weather Research |
| <input type="checkbox"/> 15 U.S.C. 1540 | Authority to aid scientific/educational activities to foster public understanding of NOAA. |
| <input type="checkbox"/> 15 U.S.C. 2901 et. seq. | Climate-related activities |
| <input type="checkbox"/> 33 U.S.C. 883d | Investigators and research in geophysical sciences (geodesy, oceanography, seismology and geomagnetism) |
| <input type="checkbox"/> 33 U.S.C. 1442 | Research on ocean ecosystems. |
| <input type="checkbox"/> 49 U.S.C. 44720 (b) | Promote and develop meteorological science and foster and support research projects in meteorology through the use private and government research facilities. |
| <input type="checkbox"/> 16 U.S.C. 753a | Fisheries research. |
| <input type="checkbox"/> Other (specify) | <div style="border: 1px solid black; height: 20px; width: 440px;"></div> |

21. TECHNICAL REVIEW (Brief review comments on the proposal are required):

SPECIFIC ITEMS EVALUATED (Check appropriate boxes only)

- | | |
|------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Program Description | <input type="checkbox"/> Appropriateness of Travel |
| <input type="checkbox"/> Personnel Qualifications | <input type="checkbox"/> Property/Equipment Requirements |
| <input type="checkbox"/> Staffing Levels | <input type="checkbox"/> Subcontracts/grants |
| <input type="checkbox"/> Appropriateness of Funding Source | <input type="checkbox"/> Cost Realism Analysis |

22. BUDGET REVIEW: SPECIFIC ITEMS EVALUATED (Check appropriate boxes only):

- | | |
|--------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Cost Justification | <input type="checkbox"/> Salary Levels (direct cost) |
| <input type="checkbox"/> Consultant Fees | <input type="checkbox"/> Equipment Costs over \$5000 (purchase vs. lease) |
| <input type="checkbox"/> Basis for Overhead Allocation | <input type="checkbox"/> Travel Cost |
| <input type="checkbox"/> Appropriateness of Overhead | <input type="checkbox"/> Fees or Profit |
| <input type="checkbox"/> Matching Share/Cost | <input type="checkbox"/> Subaward Costs |
| <input type="checkbox"/> Program Income Amounts | <input type="checkbox"/> Pre-award Costs |

23. ADDITIONAL COMMENTS

I find the applicant's technical and project/proposal cost to be acceptable as submitted, including satisfactorily addressing all identified deficiencies; therefore, I recommend funding the proposed project. I also understand that I will be asked to annually review the performance project report for accuracy and will be required to rate the performance, communication and milestone activity of the project with the Principal Investigator during the annual reporting period.

SIGNATURE

DATE