



NOAA Ocean Exploration FY24 Funding Opportunity Cover Sheet

PROJECT TITLE <small>(100 character limit)</small>			
PRIORITY THEME <small>Check only one</small>	__ Ocean Exploration	Technology	__ Maritime Heritage
CONTACT INFORMATION			
Principal Investigator	Title		
Institution			
Mailing address			
	Email:	Phone:	Fax:
1) CO-PI Name			
Institution			
Mailing address			
	Email:	Phone:	
2) CO-PI Name			
Institution			
Mailing address			
	Email:	Phone:	
Significant participant 1	Name & institution:		
Significant participant 2	Name & institution:		
BUDGET SUMMARY <small>(information will auto-complete based on the budget table on page 2)</small>	Year 1 NOAA Ocean Exploration request:	Year 2 NOAA Ocean Exploration request:	Total NOAA Ocean Exploration request:
	Number of years:	1 year 2 years	Award period:
Collaborating Institutions	Nature of collaboration		Value (Outside Support Only)
1)			
2)			
3)			
	Total value		
INFORMATION FOR FIELD OPERATIONS	Estimated field dates	Total # field days	Max depth Approx Lat/Long
Description of geographic operation areas (eg., Western North Atlantic: Blake Ridge, Eastern North Pacific: Cascadia Margin)			

NOAA OCEAN EXPLORATION FUNDING REQUEST FOR VESSEL INFORMATION (Be sure to include the cost as a line item in the NOAA Ocean Exploration budget estimate table below.)			
1) Vessel name:		Total cost:	
Institution:		Cost per day:	Number of days:
2) Vessel name:		Total cost:	
Institution:		Cost per day:	Number of days:
NOAA OCEAN EXPLORATION FUNDING REQUEST ANCILLARY PLATFORM (ROV, AUV, HOV, etc.) INFORMATION (Be sure to include the cost as a line item in the NOAA Ocean Exploration budget estimate table below.)			
Platform type:		Total cost:	
Platform name:		Cost per day:	Number of days:
CONTRIBUTED VESSEL AND ANCILLARY PLATFORM (ROV, AUV, HOV, etc.) INFORMATION (Provided at no cost to this grant. DO NOT include value in the NOAA Ocean Exploration budget estimate below.)			
Vessel name:		Total cost:	
Institution:		Cost per day:	Number of days:
Platform type:		Total cost:	
Platform name:		Cost per day:	Number of days:
BUDGET ESTIMATE (NOAA Ocean Exploration Request)	YEAR 1	YEAR 2	TOTAL
Salary and Benefits:			
Travel:			
Equipment and Supplies:			
Contractual:			
Other:			
Indirect Charges:			
TOTAL:			
EDUCATION AND OUTREACH (Check any that apply to you)			
<input type="checkbox"/> Berthing for educator-at-sea	<input type="checkbox"/> NOAA Ocean Exploration website contributions	<input type="checkbox"/> Educational materials (ex. lesson plans)	
<input type="checkbox"/> Port call events	<input type="checkbox"/> Press releases/Media interviews	<input type="checkbox"/> Other _____	
ADDITIONAL COMMENTS			