

## 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

Funding

II

Breakdown

III

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: Year 2: Year 3:

Year 4: Year 5: Total:

**Project Budget - Break-Out by year and amount:**

Year 1: Year 2: Year 3:

Year 4: Year 5: \*Total:

*\*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 requirements 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):

- |                         |  |
|-------------------------|--|
| 15 U.S.C. 313           | Weather Research   |
| 15 U.S.C. 1540          | Authority to aid scientific/educational activities to foster public understanding of NOAA.   |
| 15 U.S.C. 2901 et. seq. | Climate-related activities   |
| 33 U.S.C. 883d          | Investigators and research in geophysical sciences (geodesy, oceanography, seismology and geomagnetism)  |
| 33 U.S.C. 1442          | Research on ocean ecosystems.  |
| 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. |
| 16 U.S.C. 753a          | Fisheries research.  |
| Other (specify)         |  |

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

SPECIFIC ITEMS EVALUATED (Check appropriate boxes only)

Program Description	Appropriateness of Travel
Personnel Qualifications	Property/Equipment Requirements
Staffing Levels	Subcontracts/grants
Appropriateness of Funding Source	Cost Realism Analysis

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

Cost Justification	Salary Levels (direct cost)
Consultant Fees	Equipment Costs over \$5000 (purchase vs. lease)
Basis for Overhead Allocation	Travel Cost
Appropriateness of Overhead	Fees or Profit
Matching Share/Cost	Subaward Costs
Program Income Amounts	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