APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	**State Application Identifier**

1. * TYPE OF SUBMISSION

☐ Pre-application ☑ Application
☐ Changed/Corrected Application

4. Federal Identifier

5. APPLICANT INFORMATION *** Organizational DUNS:** 1783417720000

* Legal Name: Monterey Bay Aquarium Research Institute

Department: | Division:

* Street1: 7700 Sandholdt Road | Street2:

* City: Moss Landing | County: | * State: CA: Californ

Province: | * Country: JNITED ST | * ZIP / Postal Code: 95039

Person to be contacted on matters involving this application

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Chris		Scholin	

* Phone Number: 831 775 1700 | Fax Number: | Email:

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN):*

77 0150580

7. * TYPE OF APPLICANT:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Other (Specify):

Small Business Organization Type

☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: ☑ New

☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration

☐ D. Decrease Duration ☐ E. Other *(specify)*:

9. * NAME OF FEDERAL AGENCY:

Office of Naval Research

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

12.300

TITLE: Basic and Applied Scientific Research

* Is this application being submitted to other agencies? Yes ☐ No ☑

What other Agencies?

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Applications of the Environmental Sample Processor (ESP) to Harmful Algal Bloom Management: Field Deployment, Technoloyg Transfer, Commercial Eva

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*

ME, NH, MA, RI, CT and CA

13. PROPOSED PROJECT:

* Start Date	* Ending Date
09/01/2008	08/31/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant	b. * Project
CA-17	CA-17

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Chris		Scholin	PhD

Position/Title: | * Organization Name: Monterey Bay Aquarium Research Institute

Department: | Division:

* Street1: 7700 Sandholdt Road | Street2:

* City: Moss Landing | County: | * State: CA: Californ

Province: | * Country: JNITED ST | * ZIP / Postal Code: 95039

* Phone Number: 831 775 1700 | Fax Number: | * Email: scholin@mbari.org

OMB Number: 4040-0001

Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	1,527,404.00
b. * Total Federal & Non-Federal Funds	1,527,404.00
c. * Estimated Program Income	0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☑ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☑ *** I agree**

**** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.***

19. Authorized Representative

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
	Patrice	A	Carroll	

* Position/Title:	Grants Specialist	* Organization:	Monterey Bay Aquarium Research Institute
Department:		Division:	
* Street1:	7700 Sandholdt Road	Street2:	
* City:	Moss Landing	County:	
* State:	CA: Californ		
Province:		* Country:	JNITED ST
* ZIP / Postal Code:	95039		
* Phone Number:	831 775 1803	Fax Number:	
* Email:	grants@mbari.org		

*** Signature of Authorized Representative**
Completed on submission to Grants.gov

*** Date Signed**
Completed on submission to Grants.gov

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

SCHOLIN NOPP Congressional Districts.c Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

Monterey Bay Aquarium Research Institute
CFDA: 12.300 NOPP
BAA: ONR-BAA-07-040
PI: Scholin

AREAS AFFECTED BY PROJECT

Monterey Bay, California and New England Coastal States

State	Congressional District
Maine	**1, 2**
New Hampshire	**1**
Massachusetts	**3,4,6,7,8,9,10**
Rhode Island	**1,2**
Connecticut	**2,3,4**
California	17