

Ernest F. Hollings Ocean Awareness Trust Fund 2010 Application

1. Applicant Information

The National Marine Sanctuary Foundation requests that applicants fully review the Request for Proposals and Frequently Asked Questions found on our web site (www.NMSFOcean.org/our-grants) prior to completing this application.

Please note that you must fill in answers to the required questions on the application in order to move forward to new questions, but once questions have been answered, you may move backward and forward in the survey to revise your answers before submitting. However, there is no 'review' function at the end of the application, so applicants are encouraged to cut and paste your answers from an application such as Microsoft Word on the answers that require narrative explanation.

Please provide information on the applicant organization and the contact for questions regarding the proposal.

Please enter the information for the organization submitting the proposal.

| | |
|-------------------------|--------------------------------|
| Name of Contact: | <input type="text"/> |
| Applicant Organization: | <input type="text"/> |
| Address: | <input type="text"/> |
| Address 2: | <input type="text"/> |
| City/Town: | <input type="text"/> |
| State: | <input type="text" value="6"/> |
| ZIP: | <input type="text"/> |
| Email Address: | <input type="text"/> |
| Phone Number: | <input type="text"/> |

Who should the National Marine Sanctuary Foundation contact if there are questions about this proposal?

| | |
|----------------|----------------------|
| Name: | <input type="text"/> |
| Company: | <input type="text"/> |
| Email Address: | <input type="text"/> |
| Phone Number: | <input type="text"/> |

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2. Project Summary

Initial first round review of applications for the Ernest F. Hollings Ocean Awareness Trust Fund will be based on the summary information provided on pages 2, 3, and 4. Please express the essence and need of your project as succinctly as possible. There will be space to more fully explain the details of your project later in the application form.

Please enter the title of your project. Limit 20 words please.

Please enter the start and end date of your project. Funds for awarded projects are expected to be available in January 2011. Awards will be for up to 18 months. Project goals should be attainable within that period.

| | MM | DD | YYYY |
|--------------------|----------------------|------------------------|------------------------|
| Project Start Date | <input type="text"/> | / <input type="text"/> | / <input type="text"/> |
| Project End Date | <input type="text"/> | / <input type="text"/> | / <input type="text"/> |

Please enter the amount of your request. Requests greater than \$25,000.00 or less than \$10,000.00 will not be reviewed.

Please describe the source of matching funds for the project.

1:1 Matching Funds are required. Federal funds are allowed as matching support. In-kind or volunteer support is allowed as matching support, but an estimated breakdown of the value of that support is required. Preference will be given to projects where the matching support comes from outside of the applicant organization.

Please select the Ernest F. Hollings Ocean Awareness Trust Fund criteria that your project most closely matches. Choose only one.

The National Marine Sanctuary Foundation understands that your project may encompass more than one of these criteria. The NMSF has no established quota for selecting projects pertaining to particular priorities. Selection is primarily for categorization purposes, and may be used to appropriately request input from external experts. This input, while influential, is not a final determining factor in the selection of proposals for funding.

3. Project Summary--continued

OVERVIEW OF PROJECT CONCEPTS

The questions below are for you to *briefly* describe the goals, implementation, and major elements of your project.

Please provide a brief description of your project.

This description should summarize the goals and implementation of your project, and will be used as the summary description of your project on the NMSF web site should your project be selected for funding.

Please do not exceed 100 words.

Briefly describe the conservation message and/or conservation work of the project:

Briefly describe how the project will build public awareness around the focus priority of the project. (Marine Debris, Human Interaction with Marine Mammals, Non-Point Source Pollution and Runoff, Oceans and Human Health, or Ocean Acidification)

4. Project Summary--continued

PARTNERSHIPS

The National Marine Sanctuary Foundation places a high value on the power of partnerships to meet the challenges of ocean conservation, and is interested in supporting projects where the applicant organization has built collaborative partnerships with federal, state, local, or tribal governments, non-profit organizations, educational institutions, and the business community.

Projects that partner with and/or otherwise utilize the resources of America's national marine sanctuaries will be prioritized over projects of similar merit that do not highlight the role of national marine sanctuaries in ocean conservation issues. There is no additional priority placed on projects that include more than one site.

Please select the site(s) in the National Marine Sanctuary System that play a role in your project execution. In order to receive the priority, a Letter of Support for your project must be received by the National Marine Sanctuary Foundation from an individual sanctuary superintendent, regional director, or national program lead.

Letters of support should CLEARLY IDENTIFY the title of your project and the submitting organization and must be received by the Foundation via email (grants@nmsfocean.org) prior to October 22, 2010, the close date for this application.

- | | |
|---|--|
| <input type="checkbox"/> Channel Islands National Marine Sanctuary | <input type="checkbox"/> Hawaiian Islands Humpback Whale National Marine Sanctuary |
| <input type="checkbox"/> Cordell Bank National Marine Sanctuary | <input type="checkbox"/> Monitor National Marine Sanctuary |
| <input type="checkbox"/> Fagatele Bay National Marine Sanctuary | <input type="checkbox"/> Monterey Bay National Marine Sanctuary |
| <input type="checkbox"/> Florida Keys National Marine Sanctuary | <input type="checkbox"/> Olympic Coast National Marine Sanctuary |
| <input type="checkbox"/> Flower Garden Banks National Marine Sanctuary | <input type="checkbox"/> Papahānaumokuākea Marine National Monument |
| <input type="checkbox"/> Gray's Reef National Marine Sanctuary | <input type="checkbox"/> Stellwagen Bank National Marine Sanctuary |
| <input type="checkbox"/> Gulf of the Farallones National Marine Sanctuary | <input type="checkbox"/> Thunder Bay National Marine Sanctuary |

Additional Explanation (if necessary)

| | |
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Please list all major project partners. The required Letter of Support that is part of your application should be from one of the partners listed here.

If national marine sanctuaries play a role in your project, then you should provide a Letter of Support from National Marine Sanctuaries, plus one other partner if you wish to provide two letters. If not, then provide up to two Letters of Support from project partners.

| | |
|------------|----------------------|
| Partner 1 | <input type="text"/> |
| Partner 2 | <input type="text"/> |
| Partner 3 | <input type="text"/> |
| Partner 4 | <input type="text"/> |
| Partner 5 | <input type="text"/> |
| Partner 6 | <input type="text"/> |
| Partner 7 | <input type="text"/> |
| Partner 8 | <input type="text"/> |
| Partner 9 | <input type="text"/> |
| Partner 10 | <input type="text"/> |

Provide additional explanation regarding project partners if necessary.

| | |
|----------------------|--------------------------------|
| <input type="text"/> | <input type="text" value="5"/> |
| | <input type="text" value="6"/> |

Briefly describe the project's connection to the business or user community:

| | |
|----------------------|--------------------------------|
| <input type="text"/> | <input type="text" value="5"/> |
| | <input type="text" value="6"/> |

5. APPLICATION NARRATIVE--Project Goals

The details on the following five pages will provide reviewers with detailed description of the purpose, goals, and specific milestones required in achieving the desired outcomes of the project.

Describe Project Goals:

This section should include specific goals and desired outcomes of the proposed project. Please limit to 300 words.

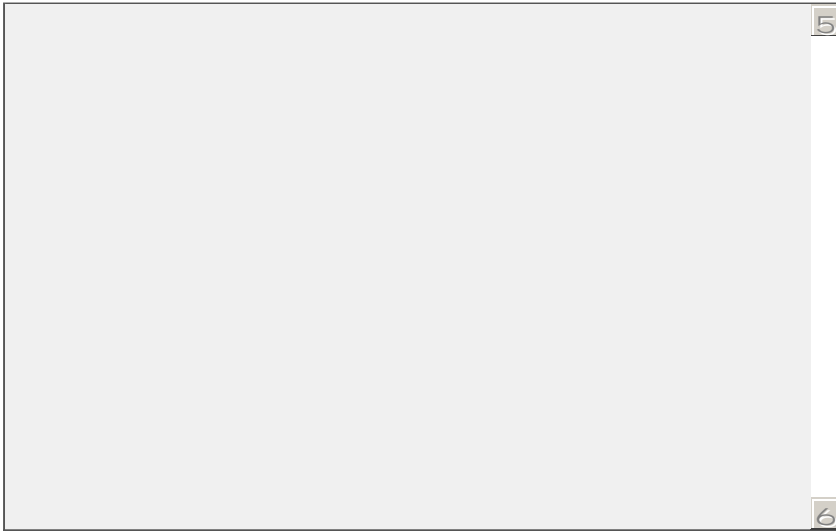


6. PROJECT NARRATIVE--Description of Project

Describe your project below:

Include descriptions of the targeted audience for the project, the need for the project, how the project will be carried out, the roles of project partners, and other details necessary to understand the scope and relevance of your project to addressing the priority criteria of the Ernest F. Hollings Ocean Awareness Trust Fund.

Please limit your description to less than 1000 words.



7. PROJECT NARRATIVE--Timeline and Measurable Milestones

A timeline that includes measurable milestones will help reviewers understand the timing and pace of your project, if that timeline is realistic in meeting the desired goals and outcomes of the project, and if the project is funded, helps the Foundation keep up with the success of the implementation of the project.

Please provide a timeline of project work below that includes measurable milestones.

Please use this format--

Date: Milestone

| | |
|--------------|--|
| Milestone 1 | |
| Milestone 2 | |
| Milestone 3 | |
| Milestone 4 | |
| Milestone 5 | |
| Milestone 6 | |
| Milestone 7 | |
| Milestone 8 | |
| Milestone 9 | |
| Milestone 10 | |

Provide additional explanation regarding milestones if necessary.

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8. PROJECT BUDGET

The National Marine Sanctuary Foundation would like to better understand how the project will be funded, how awarded funds will be expended, and how this request fits in to the overall budget of the project.

Please provide a line item budget of expenses related to this request.

Don't forget to include overhead/indirect costs, which are capped at 12% for this project. Please see the Request for Proposals for descriptions of overhead.

Expense Item (Description)

| | |
|-------|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| TOTAL | |

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Amount This Request

| | |
|-----------------------|----------------------|
| 1 | <input type="text"/> |
| 2 | <input type="text"/> |
| 3 | <input type="text"/> |
| 4 | <input type="text"/> |
| 5 | <input type="text"/> |
| 6 | <input type="text"/> |
| 7 | <input type="text"/> |
| 8 | <input type="text"/> |
| 9 | <input type="text"/> |
| 10 | <input type="text"/> |
| 11 | <input type="text"/> |
| 12 | <input type="text"/> |
| 13 | <input type="text"/> |
| 14 | <input type="text"/> |
| 15 | <input type="text"/> |
| TOTAL THIS REQUEST | <input type="text"/> |

Total Project Budget

| | |
|----------------------------|----------------------|
| 1 | <input type="text"/> |
| 2 | <input type="text"/> |
| 3 | <input type="text"/> |
| 4 | <input type="text"/> |
| 5 | <input type="text"/> |
| 6 | <input type="text"/> |
| 7 | <input type="text"/> |
| 8 | <input type="text"/> |
| 9 | <input type="text"/> |
| 10 | <input type="text"/> |
| 11 | <input type="text"/> |
| 12 | <input type="text"/> |
| 13 | <input type="text"/> |
| 14 | <input type="text"/> |
| 15 | <input type="text"/> |
| TOTAL PROJECT BUDGET | <input type="text"/> |

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Please note other confirmed sources of support for the project. Note the matching funds or in-kind support.

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9. EVALUATION & ACKNOWLEDGEMENT

The National Marine Sanctuary Foundation wants to be able to determine how well projects funded through the Ernest F. Hollings Ocean Awareness Trust Fund meet the goals of the Fund and build awareness of the Fund and its priorities.

Describe how your project will be evaluated. How will successful outcomes be determined?

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Describe how the National Marine Sanctuary Foundation will be acknowledged as a supporter of the project.

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10. QUALIFICATIONS OF PROJECT LEADERS

The National Marine Sanctuary Foundation is interested in learning about the past experience of project leaders in the successful implementation of projects, particularly those related to the goals of the proposed project. Please provide brief biosketches of up to three project leaders that speak to their qualifications in leading the proposed project.

Project Leader 1

Name:

Affiliation:

Title:

Biosketch of Project Leader 1

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Project Leader 2

Name:

Affiliation:

Title:

Biosketch of Project Leader 2

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Project Leader 3

Name:

Affiliation:

Title:

Biosketch of Project Leader 3

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11. LETTERS OF SUPPORT

At least one Letter of Support is required from a project partner. Do not submit more than two letters of support per project.

Submitted Letter(s) of Support should clearly indicate the Project Title and name of the Submitting Organization. Letter(s) of Support from project partners should be gathered by the ORGANIZATION SUBMITTING THE PROPOSAL and submitted via email to grants@nmsfocean.org by 11:59pm on October 22, 2010. If more than one Letter of Support is provided, please include them both as attachments to a single email.

The subject line of the email should read:

Hollings Grant LOS: (Name of Organization Submitting Proposal)/(Project Title)