

Letters of intent (LOI) must be submitted via the [online application system](#). LOIs submitted by other means (including mail, fax, or email) will not be considered.

Research & Development Grant -- Award Year 2017

Contact Information

Please view the complete instructions for submitting a letter of intent on our [website](#).

Letter of Intent Due: February 1, 2017, 5:00 PM ET

Before the form is completed, you may click "Save & Continue" at the bottom of the page at any time to save your work. When the form is completed, you may click "Save and Exit" at the bottom of the page to save your work and return to the dashboard.

* denotes required fields

1a. Applicant (i.e. Applying Organization) Information*

Applicant Name

DUNS (Data Universal Numbering System) Number

EIN (Employer Identification Number) or TIN (Taxpayer Identification Number)

1b. Project Director Information*

Prefix

- ☐ Dr.
☐ Miss
☐ Mr.
☐ Mrs.
☐ Ms.

First Name

Last Name

Career Stage

- ☐ Postdoctoral Scholar / Research Scientist, Engineer or

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Scholar I / Equivalent

- ☐ Assistant Professor / Research Scientist, Engineer or Scholar II / Equivalent
- ☐ Associate Professor / Research Scientist, Engineer or Scholar III / Equivalent
- ☐ Full Professor / Senior Research Scientist, Engineer or Scholar / Equivalent
- ☐ Early Career
- ☐ Mid-Career / Professional
- ☐ Managerial
- ☐ Executive
- ☐ Other

Expertise

Department (optional)

Office Street Address

Office Street Address (optional)

Office City

Office State

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia
- ☐ Florida
- ... 31 additional choices hidden ...
- ☐ South Dakota

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- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

Office Postal Code

Office Phone Number (xxx-xxx-xxxx)

E-mail

ORCID (Open Researcher and Contributor ID)

*Click [here](#) to learn more about ORCID. If you don't have an ORCID, please click [here](#) to register for one.

1c. Authorized Organizational Representative*

An authorized organizational representative (AOR) or authorized representative is the administrative official who, on behalf of the proposing organization, is empowered to make certifications and assurances and can commit the organization to the conduct of a project that the Gulf Research Program of the National Academies of Sciences, Engineering, and Medicine is being asked to support as well as adhere to various policies and grant requirements of the Academies.

AOR's Prefix

- ☐ Dr.
- ☐ Miss
- ☐ Mr.
- ☐ Mrs.
- ☐ Ms.

AOR's First Name

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AOR's Last Name

AOR's Professional Title

Department (optional)

Street Address

Street Address (optional)

City

State

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia
- ☐ Florida
- ... 31 additional choices hidden ...
- ☐ South Dakota
- ☐ Tennessee
- ☐ Texas
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming

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Postal Code

AOR's Phone Number (xxx-xxx-xxxx)

AOR's Email

Is the AOR the Grant Administrator? ☐ Yes
☐ No

1d. Grant/Contract Administrator

Grant Administrator's Prefix

- ☐ Dr.
- ☐ Miss
- ☐ Mrs.
- ☐ Mr.
- ☐ Ms.

Grant Administrator's First Name

Grant Administrator's Last Name

Grant Administrator's Phone Number (xxx-xxx-xxxx)

Grant Administrator's Email

2. Optional Information

Completion of this portion of the form is optional. Information provided in this section will help the Gulf Research Program to plan for peer review, understand the diversity of applicants, improve the program's operation, and improve our reach to potential applicants.

a. Suggestions for Reviewers

Each LOI may include suggestions of up to 5 reviewers whom the project director believes are especially well qualified to review the full proposal. Please list their names and affiliations. The suggestions may be considered for the peer review of full proposals, but the selection of reviewers is the responsibility of the Gulf Research Program.

Name	Affiliation
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1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

b. How did you hear about this funding opportunity?

- ☐ Gulf Research Program website or e-update
- ☐ Gulf of Mexico Research Initiative
- ☐ Gulf of Mexico Alliance
- ☐ Colleague
- ☐ Flyer Posted at Affiliated Institution
- ☐ Professional Societies or Meetings. Please specify which one: _____
- ☐ Other. Please specify: _____
- ☐ Social Media (i.e. Facebook, LinkedIn, Twitter, etc.)

c. Demographic Information

- i. Please select the project director's gender
 - ☐ Female
 - ☐ Male
 - ☐ Other
- ii. Please select the project director's ethnicity
 - ☐ American Indian and Alaskan Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Hispanic or Latino
 - ☐ Native Hawaiian or Pacific Islander
 - ☐ White
 - ☐ Two or more races
 - ☐ Other

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SAMPLE