A Proposal to the

# New York Sea Grant Institute

# The Sea Grant College of

# State University of New York and Cornell University

# 125 Nassau Hall

# Stony Brook University

# Stony Brook, NY 11794-5001

***(Date of Submission)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title:** | | (Click here and type project title Click on and fill in yellow fields) | | |
| **Investigator(s) / Collaborators:** | | | (names and institutions for each) | |
| **Duration:** | (Number of) Months | | | |
| **Grand Total Sea Grant (Federal) Funds Requested:** | | | | **Grand Total Matching (non-Federal) Funds Proposed:** |
| **Year 1:** $(grand total y1 SG) | | | | **Year 1:** $(grand total y1 match) |
| **Year 2:** $(grand total y2 SG) | | | | **Year 2:** $(grand total y2 match) |

|  |  |
| --- | --- |
| **\* Sea Grant (Federal) Funds Requested for** **(institution):** | **\* Matching (non-Federal) Funds Proposed by** **(institution):** |
| **Year 1:** $(y1 SG) | **Year 1:** $(y1 match) |
| **Year 2:** $(y2 SG) | **Year 2:** $(y2 match) |

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| (PI Name)  (Department)  (Building/Street address)  (University/Affiliation)  (City, State, Zip)  (Phone)  (email) | (Dept. signee name), (Title)  (Department)  (Building/Street address)  (University/Affiliation)  (City, State, Zip)  (Phone)  (email) |
| (Authorized Official)**,** (Title)  (Department)  (Building/Street address)  (University/Affiliation)  (City, State, Zip)  (Phone)  (email) | Signatures of other project investigators who are also located at this institution: |