

**RESTORE Act Centers of Excellence Research Grant Program Financial Assistance Application
Department of the Treasury**

OMB Approval No. 1505-0250

Directions: Complete this form to apply for Centers of Excellence Research Grants Program funding. A new application also may be needed for a request to add another Center of Excellence or to add a new discipline.	
GENERAL INFORMATION:	
Applicant Name:	
Name and Contact Information of the person to be contacted (POC) on matters concerning this application:	POC Name: POC Title: POC Email: POC Phone:
A. SELECTION PROCESS QUESTIONS	
FIRST-TIME APPLICATION QUESTION: Did the applicant complete a competitive process, consistent with the RESTORE Act regulations, to select the subrecipient organization(s) to establish a Center of Excellence prior to submitting an application? (If yes, skip questions 1 and 2 in Section A. This question is not applicable after Treasury issues an award based on the applicant's initial Center of Excellence grant application and the applicant executes a Center of Excellence grant agreement, unless the applicant establishes additional Center(s) of Excellence in the future.)	
Yes <input type="radio"/>	No <input type="radio"/>
1. Please describe the competitive review process that the applicant will use to select a Center of Excellence(s), including: a) the qualifications for entities and consortia; b) the criteria for selection and how those criteria will be applied; c) how priority will be given to entities and consortia that demonstrate the ability to organize the broadest cross-section of participants with interest and expertise in the discipline(s) on which this application is focused, including participation by minority-serving institutions (see http://www2.ed.gov/about/offices/list/ocr/edlite-minorityinst.html); and d) any other selection factors. As appropriate, provide references to existing state statutory or regulatory requirements.	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1505-0250. Comments concerning the time required to complete this information collection, including the time to review instructions, search existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information, should be directed to the Department of the Treasury, RESTORE Act Program, 1500 Pennsylvania Ave., NW, Washington, DC 20220.

<p>4. If the applicant answered question 3, please provide the address and contact information for each organization selected to operate a Center of Excellence as a subrecipient of the applicant prior to the date of submission of this application; attach more pages as needed. (Include a name and phone number and/or email address for Principal Contact Information. Attach additional information as needed.) Also, please select the letter of the applicable eligible discipline(s) that each organization will be focusing on. (After completing this question, please go to Section B.)</p>	Name:	Select (check all that apply)	Eligible Discipline
	Street address:		
	City:	<input type="checkbox"/>	A. Offshore energy development, including research and technology to improve the sustainable and safe development of energy resources in the Gulf of Mexico
	County/Parish:	<input type="checkbox"/>	B. Sustainable and resilient growth and economic and commercial development in the Gulf Coast Region
	State:	<input type="checkbox"/>	C. Comprehensive observation, monitoring, and mapping of the Gulf of Mexico
	Zip code:	<input type="checkbox"/>	D. Sustainable and resilient growth and economic and commercial development in the Gulf Coast Region
	Principal Contact Information:	<input type="checkbox"/>	E. Comprehensive observation, monitoring, and mapping of the Gulf of Mexico
DUNS Number:			
Type of Entity (Institution of Higher Education, corporation, etc):		Is the Center of Excellence a consortium? yes <input checked="" type="radio"/> no <input checked="" type="radio"/> If yes, list all member organizations and addresses:	
Minority-Serving Institution(s) included? yes <input checked="" type="radio"/> no <input checked="" type="radio"/> If yes, type of institution(s): (e.g., Historically Black College or University or Hispanic Serving Institution – see definition of Minority Institution and list of institutions at http://www2.ed.gov/about/offices/list/ocr/edlite-minorityinst.html)		Is the Center of Excellence located in the Gulf Coast Region, as defined at 31 C.F.R. § 34.2? Explain or attach a map if necessary. yes <input checked="" type="radio"/> no <input checked="" type="radio"/>	
B. DISCUSSION OF PUBLIC INPUT AND APPLICANT PROCEDURES – All applicants answer this section for each application			

1. Public Input

[Directions: Explain the process the applicant has engaged in or will engage in to provide 45-day minimum public review and comment on its rules and policies, including the competitive selection process, and the consideration of meaningful input from the public, including broad-based participation from individuals, businesses, Indian tribes, and non-profit organizations. Please provide links to public comments, newspaper articles, transcripts, or minutes of meetings, etc. If these are not available on the Internet, please attach relevant documents to the application package.]

2. Applicant's procedures for issuing and managing subrecipients and subawards under the COE research grants program

[Directions: Describe the applicant's policies and procedures for: issuing subawards to the COE(s), including the process to guard against conflicts of interest; the process for selecting science, technology, or monitoring projects; and monitoring performance, reporting, and compliance for COE(s)). Please also describe any requirements for COE(s) in working with third parties (e.g., performance monitoring and reporting for lower tier subrecipients).]

3. Applicant's research grants management experience

[Directions: Describe the applicant's experience with issuing and monitoring subawards.]

4. Budget Narrative

[Directions: Explain how the overall budget supports the proposed scope of work. Attach a copy of the negotiated indirect cost agreement and provide specific justification for all that apply:

- personnel and fringe (see 5. Key Personnel);
- travel including the number of trips and estimated cost per trip;
- supplies;
- all equipment greater than \$5,000;
- contractual costs

If other federal or non-federal funds will be used to complete the activity, provide an explanation and total funds by type:

- other RESTORE Act funds,
- other federal funds,
- other state or local funds,
- other private funds.]

5. Key personnel

[Directions: Identify key applicant personnel who will undertake and complete the activities. This will include state entity staff managing the process to establish Center(s) of Excellence, and if known, the principle investigator(s)/program director(s) for Center(s) of Excellence if already established. Specify the position titles, duties, and responsibilities of each key individual.]

6. Task and Major Milestones

[Directions: Describe tasks and list major milestones with a description and target completion date.]

7. Permits

Does the proposed activity require any federal, state, or local permits? For potential federal permits needed, see: <http://www.permits.performance.gov/permit-inventory>.

Yes

No

If yes, list local, state, tribal, or federal permits required for this project and the status of the permits:

[If the permits have not been obtained, and the applicant is seeking the permits, work may not begin until the permits have been issued and received by the applicant.]