## RESTORE Act Centers of Excellence Research Grant Program Application Narrative Department of the Treasury

OMB Approval No. 1505-0250

Directions: Complete this form to apply for	Contors of EvenII	lance Recearch Grants Drogram funding		
Directions: Complete this form to apply for GENERAL INFORMATION:	centers of excen	nence Research Grants Program funding.		
Applicant Name:				
Point of Contact (POC) for this Application:	POC Name:			
	POC Title:			
	POC Email:			
	POC Phone:			
Funding Opportunity Announcement #:				
Is this application to fund the establishment of a new/additional Center(s) of Excellence and/or an existing Center(s) of Excellence?		New/Additional Center(s) of Excellence (complete Section A)		
		Existing Center(s) of Excellence (complete Section B)		
center(s) or Executence.		Both New/Additional and Existing Center(s) of Excellence (complete Sections A and B)		
A. NEW/ADDITIONAL CENTER(s) OF EXCELLI	FNCF:	(complete sections A and b)		
1. Selection Process – New/Additiona		xcellence		
be applied; c) how priority has been/will be g section of participants with interest and experimentally minority-serving institutions (see <a href="http://www.process">http://www.process</a> ; and e) any other selection factors.	given to entities a ertise in the disci w2.ed.gov/about As appropriate, p	insortia; b) the criteria for selection and how those criteria have been/will and consortia that demonstrate the ability to organize the broadest cross-pline(s) on which this application is focused, including participation by toffices/list/ocr/edlite-minorityinst.html); d) timeframe of selection provide references to existing state statutory or regulatory requirements.		
2. Public Input – New/Additional Cer	nter(s) of Excelle	nce		
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. 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.				

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, Office of Gulf Coast Restoration, 1500 Pennsylvania Ave., NW, Washington, DC 20220.

B. EXISTING CENTER(s) OF EXCELLENCE:
1. Selection Process and Public Input
(a) Directions: List existing Center(s) and the corresponding grant number(s) under which it was first established, thereby incorporating previous responses by reference.
(b) Directions: Provide an explanation of any modifications to the competitive selection process used to select the existing
Center(s).
(c) Directions: Provide an explanation of any modifications to the rules and policies that were approved after consideration
of meaningful input from the public and used to select the existing Center(s).
C. RECIPIENT INFORMATION
1. Subaward Management
Directions: Describe how the applicant will manage the subaward(s) to the Center(s), including the applicant's policies and procedures for issuing subawards; the process to guard against conflicts of interest; the process for selecting science, technology, or monitoring projects; and monitoring subrecipient's performance and compliance.
2. Key Personnel
Directions: Key personnel should include the applicant's Authorizing Official who is authorized to sign the grant application and award,
the Project Director who is responsible for the project, and the Financial Officer who is responsible for maintaining the accounting and financial records of the grant. The RESTORE Act Standard Terms and Conditions require the applicant to notify Treasury if there are
any changes in key personnel. Also include the name of the principal investigator/program director for each Center of Excellence.

D.	CEN	ITER OF EXCELLENCE INFORMATION:	l:				
	1.	Please provide the name of the Center(s) of Excellence and the	Name of Center of Excellence:				
		name and address for each entity selected to operate the Center(s)	·				
		of Excellence as a subrecipient of the applicant; attach more pages	Street address:				
		as needed. Also, provide the Principal Investigator's (PI)	City:				
		contact information.	County/Parish:				
			State:				
			Zip code:				
			DUNS Number:				
			PI Name:				
			PI Phone Number:				
			PI Email Address:				
	2.	Select the applicable eligible disciplines that each Center will	Select all that apply			Eligible Discipline	
		request.	g on as part of this grant		A.	Coastal and deltaic sustainability, restoration and protection, including solutions and technology that allow citizens to live in a safe and sustainable manner in a coastal delta in the Gulf Coast Region	
					В.	Coastal fisheries and wildlife ecosystem research and monitoring in the Gulf Coast Region	
					c.	Offshore energy development, including research and technology to improve the sustainable and safe development of energy resources in the Gulf of Mexico	
					D.	Sustainable and resilient growth and economic and commercial development in the Gulf Coast Region	
					E.	Comprehensive observation, monitoring, and mapping of the Gulf of Mexico	

3.	Provide more information on each Center, including what type of entity it is and whether it is a consortium.	Type of Entity (Institution of higher education, corporation, etc.)		
	Consortium	Is the Center of Excellence a consortium?	yes	no
		If yes, list all member organizations and addresses:		
4.	Select whether there is a Minority-Serving Institution(s), and name the entity and type of	Minority-Serving Institution(s) included?	yes	no
	MSI if applicable.	If yes, name and 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		
5.	Select whether the Center is located in the Gulf Coast Region.	Is the Center of Excellence located in the 34.2? Explain or attach a map if necessary		n, as defined at 31 C.F.R. §
	Duanasad Carna of Worls	yes no		
6.	Proposed Scope of Work			
Direction	<ul> <li>Needs, purpose, and objectives establishment of the Center(s);</li> <li>Science, technology, and monito</li> <li>Relationship between the proportion</li> </ul>	nat includes the activities for which funding of proposed activities, including how they oring activities; and monitoring of the subr used activities and the eligible discipline(s); elated timeframes (include the major mile	are designed to co ecipient; and	ntribute to the

7. Budget Justification (See OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards)
Directions: Explain in detail how the proposed budget supports the proposed scope of work. The budget justification should relate each budget category listed in the SF-424A to the specific tasks discussed in the response to D6. Provide specific justification for ALL budget categories that apply, including an explanation of the necessity, allowability, reasonableness, and allocability of proposed costs Please refer to the relevant Funding Opportunity Announcement for descriptions of the budget categories.
8. Permits
Does the Center(s)'s proposed activities require any federal, tribal, state, or local permits? For potential federal permits needed, see: <a href="https://www.permits.performance.gov/tools/permit-inventory">https://www.permits.performance.gov/tools/permit-inventory</a> .
Yes No
If yes, list federal, tribal, state, or local permits required for this project and the status of the permits: