**Pre-proposal Submission to the NYSG Biennial Research Call for 2020-2021**

1. **LAST NAMES OF PRINCIPAL INVESTIGATORS:** name1 / name2 / name3 / etc.
2. **BRIEF PROJECT TITLE:** Click here to enter text.
3. **INVESTIGATOR(S) and ELIGIBILITY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Investigator** | **Phone:** | **Email:** | **Eligibility (1,2,3, or 4)** |
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|  |  |  |  |

Mailing Address:

|  |  |  |  |
| --- | --- | --- | --- |
| **Investigator** | **Phone:** | **Email:** | **Eligibility (1,2,3, or 4)** |
|  |  |  |  |

Mailing Address:

1. **TYPE of PROJECT**
	1. **Addressing Which Research Topic:**
	2. **Regional or multi-program submission?**
2. **BUDGET:**
	1. **Estimated Request for Federal Funds from New York Sea Grant**

|  |  |  |
| --- | --- | --- |
| **Year One:** **$** | **Year Two:** **$** | **Total Request:** **$** |

* 1. **Estimated Non-Federal Cost-Share to be Provided to New York Sea Grant**

|  |  |  |
| --- | --- | --- |
| **Year One:** **$** | **Year Two:** **$** | **Total Match:** **$** |

* 1. **Expected Source(s) of Cost-Share:**

Year One:

Year Two:

* 1. **Data Management Plan:** Indicate your recognition that an acceptable data management/sharing plan will be required as part of a full proposal, that compliance with the plan will be required if the project is funded, and that the preproposal’s budget estimate provides for this. **\_\_yes.**
	2. **Extension and Outreach Plan:** Indicate your recognition that an acceptable extension and outreach plan developed with NYSG extension staff will be required by two months after the start of a project if the project is funded, and that the preproposal’s budget estimate provides for this. \_\_**yes.**
1. **BRIEF DESCRIPTION OF PROJECT (two pages max):**
	1. **STATEMENT OF THE ISSUE AND OBJECTIVES:**
	2. **APPROACH:**
	3. **EXPECTED PRODUCTS AND ANTICIPATED IMPACT(S):**
2. **LITERATURE CITED:**
3. **CVs:**
4. **POSSIBLE PEER REVIEWERS:**