



FLOWER GARDEN BANKS NATIONAL MARINE SANCTUARY

R/V MANTA
VESSEL REQUEST FORM

Submit to: Vessel Operations Coordinator
VOC.fgnms@noaa.gov
Flower Garden Banks National Marine
Sanctuary 409-621-5151, ext. 104

Proposed Project/Cruise Title

Principal Investigator and Affiliation

Contact Information

Address:

Phone:

E-mail:

Fax:

Collaborating Individuals and Affiliations

Project Purpose/Objectives

Are there any suggested piggyback projects and time requirements?

Approximate number of personnel?

Dates and Season Request

Include total number of trips and days per trip requested.

Breakdown of Total Number of Days

Operating:

Transit:

Mobilization/Demobilization:

Approximate Operation Hours per day

Is this a multi-year study?

Project Location (provide latitude and longitude or names of Gulf of Mexico Banks)

Is study area within FGBNMS?

Project Methods/Procedures

Vessel-supplied equipment

Include vessel capabilities (deck gear, electronics, dive gear) and crew that will be required by the ship to support your project.

Program-furnished equipment

Describe equipment, estimated weights, power requirements, and lab/deck space necessary.

Do you have resources available to subsidize your project?

What are the anticipated results, data reports, outreach materials generated from your project?