

SSRL LETTER OF INTENT PROPOSAL FORM

For User Admin Use Only

Proposal No. _____

Date Received _____

Date Expires _____

1. BRIEFLY STATE WHY YOU ARE SUBMITTING A LETTER OF INTENT (LOI) PROPOSAL RATHER THAN A STANDARD PROPOSAL (Note: LOIs may be requested under a limited set of conditions. In general, the LOI is used to test feasibility of a “risky” experiment; however, it can be used for novel ideas requiring only a small amount of beam time and which have been conceived too late for the normal review cycle. LOIs do not go through the full review process, but may receive assignment of beam time (usually ~6-12 shifts) at the discretion of the SSRL Director or on the advice of the PRP. Staff members review LOIs to identify and address any technical or safety issues. In general, rated proposals take priority over LOIs in the scheduling process.):

2. TITLE:

3. SPOKESPERSON and COLLABORATORS: *(list spokesperson first)*

Full Name Full Institution & Address Work Phone Fax Number E-mail Address Degree

4. BRIEFLY DESCRIBE THE PROBLEM TO BE STUDIED: (Please limit to 300 words/2000 characters):

5. TIME FRAME DESIRED:

6. EXPERIMENTAL STATIONS DESIRED:

(If two stations required, list both under first choice.)

First Choice(s)	Alternates

7. ESTIMATED BEAM TIME REQUIRED IN 8-HOUR SHIFTS:

8. REQUIRED CRYSTAL SET AND ORIENTATION:

9. SSRL EQUIPMENT OR MATERIALS REQUESTED:

10. POTENTIAL SAFETY CONCERNS OR HAZARDS

No hazardous substances, equipment, or procedure will be brought to SSRL as part of this proposed experiment.

IF YES, please complete safety questions below. Additionally, provide detailed safety procedures in proposal text.

Chemical Use () NO () Yes

Substance: _____

Common Name: _____

NANOSCALE MATERIALS USE? () No () Yes

- If yes, will there be open manipulation of nanoscale material samples at SSRL? () No () Yes

- If no, how are the samples contained? _____

- If yes, a safety plan must be submitted to the SSRL Safety Office for approval. See CDC/NIOSH website for guidance.
<http://www.cdc.gov/niosh/topics/nanotech/safenano/>

BIOHAZARDOUS MATERIALS USE? ()No ()Yes

- If yes, what type _____ & what is the materials NIH classification _____

HUMAN OR ANIMAL SUBJECT USE? ()No ()Yes

- If yes, what type _____. *Please contact SSRL Safety Office for further guidance.

RADIOACTIVE MATERIALS USE? ()No ()Yes*

- If yes, what is the materials specific activity _____

***Radioactive substances may not be brought directly to SSRL. They first must be shipped or taken to Operational Health Physics, Bldg. 24, MS 84, 2575 Sand Hill Rd., Menlo Park, CA 94025, or contact Ray Russ at 650-926-4768.**

LASER USE? ()No ()Yes

- If yes, ANSI classification: _____ Wavelength: _____ Total power: _____
Laser hazards controls you will apply:

HAZARDOUS EQUIPMENT/ELECTRICAL EQUIPMENT? ()No ()Yes

- If yes, describe hazardous/electrical equipment you will be bringing to SSRL. Indicate if it is a commercial product, certified, and if it has been altered in any way.

11. WILL THESE EXPERIMENTS INVOLVE TISSUE FROM HUMAN SUBJECTS OR LABORATORY ANIMALS?

No Yes, provide details.

12. WILL PRIVATE SECTOR RESEARCH BE PERFORMED? No Yes

(Note that private sector research is subject to specific terms and conditions, and SSRL must be reimbursed at full cost recovery. Please complete the Supplemental Use Agreement for Private Sector Research.)

13. REQUIRED FOR DOE REPORTING PURPOSES:

RESEARCH AREA (check all that apply)							
<input type="checkbox"/>	Materials Science	<input type="checkbox"/>	Polymers	<input type="checkbox"/>	Earth Sciences	<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Physics	<input type="checkbox"/>	Medical Applications	<input type="checkbox"/>	Environmental Sciences	<input type="checkbox"/>	Instrumentation or Other Development
<input type="checkbox"/>	Chemistry	<input type="checkbox"/>	Biological and Life Sciences	<input type="checkbox"/>	Optics	<input type="checkbox"/>	Purchase of Specialty Services or Materials
Other: (specify)							
FUNDING AGENCY (check all that apply)							
<input type="checkbox"/>	DOE/BES	<input type="checkbox"/>	DVA	<input type="checkbox"/>	NSF	<input type="checkbox"/>	Fdn/Research Inst.
<input type="checkbox"/>	DOE/BER	<input type="checkbox"/>	NASA	<input type="checkbox"/>	USDA	<input type="checkbox"/>	State/County/City
<input type="checkbox"/>	DOE Other: (specify)	<input type="checkbox"/>	NIH	<input type="checkbox"/>	Other US Gov't: (specify)	<input type="checkbox"/>	Prof/Voluntary Assoc.
<input type="checkbox"/>	DoD: (specify)	<input type="checkbox"/>	NIST	<input type="checkbox"/>	Industry	<input type="checkbox"/>	Foreign: (specify)
Other: (specify)							

14. **HAS A PROPOSAL COVERING THIS RESEARCH** been submitted to other synchrotron radiation facilities? If so, which?
Are there particular capabilities of SSRL that are required for portions of this research?

15. **HAVE YOU RECEIVED BEAM TIME AT SSRL IN THE PAST?** YES NO

16. **IF YOU HAVE PREVIOUSLY RECEIVED BEAM TIME AT SSRL, HAVE YOU NOTIFIED SSRL OF ALL OF YOUR SSRL RELATED PUBLICATIONS, PATENTS AND/OR AWARDS?** YES NO **If not previously reported, list below or append to this proposal information on publications, patents, and awards that resulted from your prior beam time at SSRL (refer to lists at www-ssrl.slac.stanford.edu/pubs/):**

17. **IF YOU PUBLISHED RESULTS RELATED TO YOUR SSRL BEAM TIME, DID YOU ACKNOWLEDGE SSRL AND FUNDING SOURCES IN THESE PUBLICATIONS?** YES NO (If not already done, please refer to instructions and sample acknowledgements at www-ssrl.slac.stanford.edu/pubs/)

18. **DO YOU HAVE ANY SUGGESTIONS OR CONCERNS WHICH YOU WOULD LIKE TO SHARE WITH SSRL, THE PROPOSAL REVIEW PANEL, OR THE SSRL USERS' ORGANIZATION EXECUTIVE COMMITTEE?**

This research is deemed to be of interest to the DOE and falls within the scope of the BES mission.	
Chi Chang Kao, SSRL Director	Date: