



Proposal Submission Form



PRINCIPAL INVESTIGATOR

Last Name	First Name	Date
Institution	Street Address	
City	State	ZIP
Phone	E-mail Address	

SECONDARY INVESTIGATORS

Last Name	First Name	E-mail Address

EXPERIMENT DETAILS

Title				
Type	<input type="radio"/> Re-Submission	<input type="radio"/> New Proposal	<input type="radio"/> Continuation	Funding Source
Research	<input type="radio"/> Proprietary	<input type="radio"/> Non-proprietary (publication in open source or peer review journal expected)		

Objectives:

Abstract:

SCHEDULING

Expected start date for experiment setup ____ / ____ / ____	Expected installation time: ____ hours
Expected start date for beam time ____ / ____ / ____	Beam time requested: ____ hours
Expected completion date ____ / ____ / ____	Expected take-down time: ____ hours

Please coordinate with Mikhail Fedurin (fedurin@bnl.gov) to determine the best way to schedule your experiment.

SPECIAL REQUIREMENTS

Equipment:

Scientific Involvement:

Technical Support for Installation:

General Lab Services (rigging, etc.):

Other:

Please coordinate with Karl Kusche (kusche@bnl.gov) to identify necessary equipment and services.

HAZARDS

Potential Hazards (Inc. lasers, cryogenics, magnetic fields, etc.):

Please coordinate with Karl Kusche (kusche@bnl.gov) to identify possible hazards.

JUSTIFICATION

Benefit to DOE or other stakeholder (please list stakeholders):

Please attach a detailed scientific case (including references) and send to: atf@bnl.gov, using "New Proposal" as the subject line.