

**GMD COOPERATIVE AGREEMENT  
RESEARCH AND OBSERVING PROPOSAL REQUEST  
2008**

**PART I  
General**

1. Cooperative Project Name \_\_\_\_\_
2. Principal Investigator \_\_\_\_\_
3. Affiliation/Organization \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_

4. Brief statement describing project (what, why, how, etc.):  
 \_\_\_\_\_

5. Facility:
- |                                |                                |                                |                                |                                |                          |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------|
| Barrow,<br>Alaska              | Mauna Loa,<br>Hawaii           | American<br>Samoa              | South Pole,<br>Antarctica      | Trinidad Head,<br>California   | Other<br>_____           |
| <input type="checkbox"/> (BRW) | <input type="checkbox"/> (MLO) | <input type="checkbox"/> (SMO) | <input type="checkbox"/> (SPO) | <input type="checkbox"/> (THD) | <input type="checkbox"/> |

6. Scheduling and time requirements:
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> <u>Type of Operation</u><br>Firm dates | <input type="checkbox"/> <u>Duration</u><br>Short term(days) | <u>Amount of Observer Time Required</u><br>Minutes <input type="checkbox"/> Per day |
| <input type="checkbox"/> Time available                         | <input type="checkbox"/> Long term(mo.) _____                | _____ Days <input type="checkbox"/> Per week  |
| <input type="checkbox"/> Weather dependent                      | <input type="checkbox"/> Renewal                             | _____ <input type="checkbox"/> Per month  |
| <input type="checkbox"/> Episode dependent                      | <input type="checkbox"/> Other (Specify): _____              |   |
| <input type="checkbox"/> Other _____                            |  |   |

Preferred start date \_\_\_\_\_ Preferred end date \_\_\_\_\_

Time(s) of day your project will be operating

- Sunrise to noon       4 p.m. to sunset       24 hours  
 Noon to 4 p.m.       Sunset to sunrise       Other \_\_\_\_\_

7. Atmospheric conditions required:

- Baseline conditions       Absence of local contam.       Good visibility/clear skies  
 Special synoptic situation       In-sector winds  
 Other \_\_\_\_\_

**PART II**

**Instrumentation Requirements**

1. Please describe your instrumentation:

Give details of method of shipment to and from the Observatory. Are there any restricted items (gas cylinders, radioactive materials, etc.)?

Who will set it up? \_\_\_\_\_

Who will operate it? \_\_\_\_\_

2. Will you require overnight stays?       Yes       No

3. Will you require transportation to and from the observatory?       Yes       No

4. Total units and dimensions (include auxiliary parts, pumps, etc.) Need supplemental storage for supplies or accessories?

Total floor space needed \_\_\_\_\_ m<sup>2</sup>

5. Location of Equipment:       Indoors       Roof mounted  
    Outdoors       Tower mounted  
    Other \_\_\_\_\_

6. Indoor Mounting

- Rack mounted       Trailer housed  
 Table mounted       Other \_\_\_\_\_  
 Floor mounted

7. Viewing apertures required (describe):

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8. Intake lines/ports required (describe):

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9. Tracking and mounts required (describe):

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10. Clean room requirements:

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11. Electrical Power Requirements:

110 V - 60 Hz

Other

220 V - 60 Hz

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12. Special Requirements (Please describe):

### **PART III**

#### Technical Requirements

1. In order to help GMD staff better understand your project and its requirements, please detail your anticipated observing procedures, including the approximate number of observations the observer makes, their duration (continuous or discrete), calibration needs, quick-look displays and requirements, daily/weekly checks, etc. Include all aspects of experiments, such as: paperwork, telephone calls, packaging and mailing, etc.

2. Describe any discrete collections (flasks/filters, etc.). How will the samples be shipped to and from the Observatory? What are your resupply methods? Are there any gas cylinders or other restricted articles involved in collections?

3. How will data be collected, stored and sent to you?

4. Will any data analysis or reduction be done at the Observatory? Describe. What method of data quality control will be provided to the Observatory staff to insure proper data collection?

5. Will you require GMD data?

Yes  No What data? \_\_\_\_\_

What time resolution? In what form? When will you need it?

6. When will your data be available to GMD (how soon after collection)? In what form? What time resolution?

**PART IV**  
Cooperative Research Proposal

Check here if this is a new proposal:

Discuss in reasonable detail the scientific basis and goals of this cooperative research. (Attach extra sheets if necessary.) The GMD reviewers are interested in your research and its relation to the overall GMD research. List any of your publications completed or in preparation that are related to the GMD research.

Check here if this is a request for a renewal, a modification, or a next phase of previous GMD cooperative research:

Please give a progress report of your activities to date, including any publications/data reports, summaries, etc., submitted or in preparation from previous GMD station observations. (Attach extra sheets if necessary.)

**PART V**  
Reference Information

Cooperative Project Name \_\_\_\_\_

**Principal Investigator** \_\_\_\_\_ Ph.D. ?

Institution \_\_\_\_\_

Department \_\_\_\_\_

Mailing Address/Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Country (if not USA) \_\_\_\_\_

Telephone (include country code or area code) \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Will you travel to the Observatory in the course of the project?  Yes  No

Would you like to be included on the GMD Annual Report mailing list?  Yes  No

**Alternate/Co-Investigator** \_\_\_\_\_ Ph.D. ?

Institution \_\_\_\_\_

Department \_\_\_\_\_

Mailing Address/Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Country (if not USA) \_\_\_\_\_

Telephone (include country code or area code) \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Will you travel to the Observatory in the course of the project?  Yes  No

**Alternate/Co-Investigator** \_\_\_\_\_ Ph.D. ?

Institution \_\_\_\_\_

Department \_\_\_\_\_

Mailing Address/Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Country (if not USA) \_\_\_\_\_

Telephone (include country code or area code) \_\_\_\_\_

Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Will you travel to the Observatory in the course of the project?  Yes  No

**Support for this Project**

National Science Foundation (NSF)  Private

University  Other \_\_\_\_\_

Government Department(s) \_\_\_\_\_

**GMD COOPERATIVE AGREEMENT  
RESEARCH AND OBSERVING PROPOSAL REQUEST**

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Project Investigator

In return for giving you assistance with your measurement program, we ask that you assist us by providing a short contribution to our Annual Report. Your signature below indicates you agree to provide GMD with a yearly report on your project. Our Annual Report editors will be in touch. We may also invite you to give a short presentation on the results from your program at our Annual Meeting, which is typically in March/April of each year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Mauna Loa Proposals, I have read the orientation information at <http://www.mlo.noaa.gov> and agree to abide by the recommendations therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return this statement to:** NOAA/ESRL/GMD  
Observatory Operations  
325 Broadway, R/GMD1  
Boulder, CO 80305

Phone: (303) 497-6650  
Fax: (303) 497-6290



GMD PROJECT APPROVAL:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

GMD Cooperative Research Project Number: (Assigned in GMD)	<input type="text"/>
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We will send you a copy of this page after the project has been reviewed and approved by our staff, and a number assigned.

Observatory Review

Date: \_\_\_\_\_