

**2022 Record of Discussion for Collaboration through  
Frontier Plasma Science CRF**

Summarize discussions between prospective collaborator(s) and the Frontier Plasma Science CRF Programs (DIII-D, BaPSF, WiPPL, MPRL).

**See the instructions at the end of the document.**

<b><u>Frontier Plasma Science CRF (check all that apply):</u></b>  ___ DIII-D    ___ BaPSF (UCLA)    ___ WiPPL (UW)    ___ MPRL (Auburn)  ___ BRB    ___ MST	
<b><u>Title of Proposed Research Activities:</u></b>    	
<b><u>Discussion Dates</u></b> Initiated on: Completed on:	
<b><u>Collaboration Principal Researcher:</u></b> Name: Institution: Email: Tel:  Signature: & Date:	<b><u>Frontier Plasma Science CRF Contact:</u></b> Name: Email: Tel:  Signature: & Date:
<b><u>Research Goals:</u></b> <i>Explain in a few words what you expect to accomplish if successful</i>   	
<b><u>Collaborator Research Tasks (filled by the proposer):</u></b> 1)  2)  <i>add tasks as necessary</i>	
<b><u>Facility Research Tasks Required to Support Proposed Research (filled by the proposer):</u></b> 1)  2)	

*add tasks as necessary*

**Estimated Facility Researcher Effort Required (Man-Months):**

**Facility Engineering Tasks Required to Support Proposed Research (filled by Facility):**

1)

2)

*add tasks as necessary*

**Estimated Facility Engineering Effort Required (Man-Months):**

**Estimated Cost of Required Hardware Supplied by Facility (\$k):**

**Expected changes needed to Data Management Plan or Data Handling? (Y/N):**

**Comments from Research Contact on implementation in the Frontier Plasma Science CRF program:**

**Are required diagnostics and hardware accounted for to enable this proposal to meet its goals? If additional required, section above should be completed:**

*Add text*

**How many days of dedicated Facility run time will be required to meet the project goals?**

*Add text*

**Has a similar experiment been performed in the past? Is this project eligible for Data Mining?**

*Add text*

**Other Questions and Issues from Proposer:**

1)

2)

*add questions and issues as necessary*

**Responses by the Facility Research Contact:**

1)

2)

*add responses and issues as necessary*

**Review and Comment**

Filled by Facility Director

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Signature

Date

***Instructions to proposers:***

Fill in the form to the best of your knowledge, have your Frontier Plasma Science CRF research contact and directors, sign (and comment as needed). Frontier Plasma Science CRF resource estimates will be done by operations, diagnostic and/or computer personnel. Sections A and B should be completed well ahead of deadlines, and discussions should be initiated early.

***Please attach a copy of your pre-proposal and the current working version of your proposal (narrative), to provide a basis for this discussion.***

Send a copy of the completed and signed forms to the Frontier Plasma Science CRF Steering Committee. A copy should be included in your proposal to the funding agency.