

Project Cover Sheet

Please Type or Print
(4/2007)

Completed form should be forwarded to:
Account Administration
NASA Ames Research Center
Mail Stop 258-6
Moffett Field, CA 94035-1000
Or FAX to: (650) 604 -1777

Questions may be submitted to:
NAS User Services, (650) 604-4444, (800) 331-USER

URL – This form (hardcopy):
<http://www.nas.nasa.gov/Users/Forms/projectcoversheet.html>

1a. Principal Investigator Information:

Name: _____
Address: _____

Prior Account / Principal Investigator (PI) Information:

1b. Are you a continuing PI?
[] No
[] Yes, previous GID Number _____
1c. Email Address: _____
1d. Phone/Fax: _____

2. Title of Investigation:

3. Resource Requirement by Fiscal Year (FY)
(see reverse for information on specifying resource reqts.)
[] No Future Requirements
[] Unknown Future Requirements
[] Future Requirements Provided

| Resource | FY07 | FY08 | FY09 | FY10 | FY11 |
|-------------|-------|-------|-------|-------|-------|
| 3a. HRS | _____ | _____ | _____ | _____ | _____ |
| 3b. #CPU | _____ | _____ | _____ | _____ | _____ |
| 3c. Memory | _____ | _____ | _____ | _____ | _____ |
| 3d. Storage | _____ | _____ | _____ | _____ | _____ |

4. Systems required for project (**Check all that apply**):

Authorized Computers: [] Columbia [] Lou [] RTF (Data Repository) [] Other: _____ (explain)

5. Areas in which you desire assistance (**Check all that apply**):

[] Code Porting [] Scaling [] Optimization [] Data Analysis [] Visualization [] Networking

6. NASA Mission Directorate Supported (**Check one**):

[] Aeronautics [] Exploration Systems [] Science [] Space Operations [] NESC
[] National Agency/NLCS [] Other: _____ (explain)

7. Indicate the Classification of Data based upon NASA's Risk Assessment Criteria (See reverse for definitions) (**Check One**):

[] Low [] Moderate [] High

Please note that NAS systems are only authorized to support data classes Low and Moderate.

8. Principal Investigator:

Signature _____ Date: _____

9. Title of Program which supports your Investigation: _____

10. WBS Number which supports your Investigation: _____

Program/Project Manager Approval:

Name: _____ Signature: _____

Phone: _____ Date: _____

11. CPU Hrs Allocated: _____

12. Mission Manager Approval (Organization checked in Block 6):

Name: _____ Signature: _____

Phone: _____ Date: _____

13. NAS/HECC Approving Official:

Signature: _____ Date: _____

Instructions for Completing the Project Cover Sheet

1. Principal Investigator Information:
 - 1a. Each project will identify a single individual to lead the proposed research, approve users for that project, and monitor the resources allocated. Include a complete mailing address.
 - 1b. Indicate if you manage a current project (GID) at NAS. If yes, provide the project GID. A new GID will be issued conforming to the new NASA mission structure.
 - 1c. Indicate the email address at which you wish to receive information about NAS activities.
 - 1d. Indicate the phone and fax numbers at which you wish to receive correspondence from NAS.
2. Title of investigation: The title should be a short description of the work; no more than 80 characters in length.
 1. Resource Requirements: Check the box that best describes your knowledge about resource requirements. The PI must at least provide the first year's requirements. Any additional information is helpful to ensure the future computing resources are available to do your research.
- 3a. Indicate the number of desired CPU hours for your research by year (CPU hours = wall clock hours times # CPUs).
- 3b. Indicate maximum number of CPUs required for the largest job to do your research by year.
- 3c. Indicate the maximum amount of memory in gigabytes (GB – 1024^3 bytes) needed for the largest job to do your research by year.
- 3d. Indicate the amount of long-term storage in terabytes (TB – 1024^4 bytes) for your research for each year. At the end of your project, you will need to inform NAS User Services (support@nas.nasa.gov) what you want done with your data. Otherwise, after **3 months** the data will be **removed** from the systems.
4. Check required systems for project.
5. Additional support requirements your team needs to successfully complete your research.
6. NASA Mission Directorate Supported: Check the box that indicates the NASA Mission Directorate that is supported by this investigation or whether it is supported by a different National Agency. (Choose only one.)
7. Indicate the classification of data: Understanding the importance of a complete risk analysis (NASA Procedures and Guidelines, NPG: 2810.1), it is essential to identify the criticality of data to ensure timeliness of supporting the needs of the Center should a catastrophe occur. Check the appropriate box in block 7 as it pertains to the definitions described below:

The potential impact is low if— The loss of confidentiality, integrity, or availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals. A limited adverse effect means that, for example, the loss of confidentiality, integrity, or availability might: (i) cause a degradation in mission capability to an extent and duration that the organization is able to perform its primary functions, but the effectiveness of the functions is noticeably reduced; (ii) result in minor damage to organizational assets; (iii) result in minor financial loss; or (iv) result in minor harm to individuals.

The potential impact is moderate if— The loss of confidentiality, integrity, or availability could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals. A serious adverse effect means that, for example, the loss of confidentiality, integrity, or availability might: (i) cause a significant degradation in mission capability to an extent and duration that the organization is able to perform its primary functions, but the effectiveness of the functions is significantly reduced; (ii) result in significant damage to organizational assets; (iii) result in significant financial loss; or (iv) result in significant harm to individuals that does not involve loss of life or serious life threatening injuries.

The potential impact is high if— The loss of confidentiality, integrity, or availability could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals. A severe or catastrophic adverse effect means that, for example, the loss of confidentiality, integrity, or availability might: (i) cause a severe degradation in or loss of mission capability to an extent and duration that the organization is not able to perform one or more of its primary functions; (ii) result in major damage to organizational assets; (iii) result in major financial loss; or (iv) result in severe or catastrophic harm to individuals involving loss of life or serious life threatening injuries.
8. Principal Investigator: Signature and date of submission of the request by the Principal Investigator.
9. Title of Program that supports your Investigation: Provide the name of NASA program funding the investigation.
10. WBS (Work Breakdown Structure) Number which supports your Investigation: Provide set of numbers that relate the Program identified in Block 8 to NASA's Work Breakdown Structure. For example, xxxxxx.xx.xx.xx. Program/Project Manager's Approval: Program/Project Manager sponsoring the proposed investigation provides Name, Phone, Signature and Date. NOTE: The NAS program does not use the WBS to transfer funding.
11. NASA Mission Directorate provides approved CPU allocation.
12. NASA Mission Directorate Manager's approval: Mission Manager provides Name, Phone, Signature and Date.
13. NAS/HECC Approving Official: Signature and Date.