

Project Cover Sheet

Please Type or Print

(4/2009)

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	FY09	FY10	FY11	FY12	FY13
3a. Total hrs.	_____	_____	_____	_____	_____
3b. Max. #CPU's	_____	_____	_____	_____	_____
3c. Memory	_____	_____	_____	_____	_____
3d. Storage	_____	_____	_____	_____	_____

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

Authorized Computers: Columbia Pleiades RTJones (ARMD only—requires special approval) Schirra
 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 Research Exploration Systems Science Space Operations NESC
 National Agency/NLCS NAS Other: _____ (explain)

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

Low Moderate High (Please note that NAS systems are only authorized to support data classes Low and Moderate.)
 Export Control ITAR Proprietary SBU Other sensitive data: _____ (explain)

Indicate level of disaster recovery needed if NAS is unavailable: Immediate 2-3 days 2-4 weeks 2-6 months None

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: _____ Columbia _____ Pleiades _____ RTJones _____ Schirra ACL Only (No Allocation)

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.

EAR: Export Administration Regulations
ITAR: International Traffic in Arms Regulations
Proprietary
SBU: Sensitive But Unclassified
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.

Account Request Form

(4/2009)

FALSE OR INACCURATE INFORMATION PROVIDED ON THIS FORM IS A VIOLATION OF SECTION 499, TITLE 18, U.S. CODE

Instructions on Next Page

Please Type or Print Form

and sign the Acceptable Use Statement

URL – This form (hardcopy):

<http://www.nas.nasa.gov/Users/Forms/accountrequestform.html>

Complete items 1–5, (PI completes item 6) and sign Pg. 2 of form, then forward to:

Account Administration

NASA Ames Research Center

Mail Stop 258-6

Moffett Field, CA 94035-1000

Or FAX to: (650) 604-1777

You will be notified of account installation by

NAS User Services, **(650) 604-4444, (800) 331-USER**

1a. Have you had a previous account?

If Yes, previous User Name: _____

If No, desired User Name: _____

1b. Requestor Information:

Name: _____

Company: _____

Address: _____

1c. Work Phone: _____

1d. Work Fax: _____

1e. Work E-mail address: (username@domain--do not use username@nas.nasa.gov)

1f. Question to confirm my identity:

(Don't use your mother's maiden name.)

Answer I will provide:

2. Project Number (GID): _____

2. U.S Citizen:

Yes

No

International visitors. Please see

<http://www.nas.nasa.gov/Users/Accounts/accounts.html> for additional forms.

4. Originating Secure Shell Host:

5. Principal Investigator (Print/Type):

Name:

6. Provide primary Computer Security Officer for your organization:

Name:

Phone:

Items 7-13 for NAS Use Only

7. Site Resource Manager:

8. Date:

9. Company Identification:

10. GID:

11. UID:

12. Entered By:

13. Authorized Computers/Services: (NAS Use ONLY)

Columbia
 RTJones
 Schirra
 Pleiades

Cray:
 Opteron

General:
 bruiser
 bouncer
 lou
 RTF

Local Ames users only:

Instructions for Completing the Account Request Form

Requestor completes blocks 1–5, PI fills out item 6: All these items must be filled out or your account request form will not be processed.

Item 1a: Have you had a previous NAS account? If “Yes”, provide previous User Name.

Item 1b: List name and complete work mailing address

Item 1c-d: List work FAX and work phone number

Item 1e: List the work email address where you receive all of your electronic mail (i.e. hostname.domain name), avoid using username@nas.nasa.gov.

Item 1f: Select a question we can ask you to confirm your identity when it is necessary to provide you with your password at a location other than your listed telephone number. When we challenge you with the question, you must provide us with the answer you include in this block, in order to receive your default password at a location, other than your listed telephone number.

Item 2: List Project (GID) number. If unknown, contact the Principal Investigator (PI). If you are the PI, leave this field blank.

Item 3: Indicate whether or not you are a U.S. citizen. International visitors need to fill out additional forms as indicated.

Item 4: List the fully qualified hostname (hostname.domain name) for the Secure Shell system that will connect to the NAS host(s).

Item 5: Print name of Principal Investigator.

Item 6: Provide the Name and phone number of the Computer Security Officer at your organization.

Items 7–13: These items are for NAS use only. Please leave them blank.

Item 13: Authorized computer identified.

Acceptable Use Statement for NAS Systems Division Computing Resources

The following document outlines guidelines for use of the computing systems, resources and facilities located at and/or operated by the NASA Advanced Supercomputing (NAS) Division at NASA Ames Research Center. The purpose of these guidelines is increase awareness of computer security issues and to ensure that all NAS users (scientific users, support personnel and management) use the NAS Systems Division computing systems, resources and facilities in a efficient, ethical and lawful manner.

NAS accounts are to be used only for the purpose for which they are authorized and are not to be used for non-NASA related activities. Unauthorized use of a NAS Division account/system is in violation of Section 799, Title 18, U.S. Code, and constitutes theft and is punishable by law. Therefore, unauthorized use of NAS Systems Division computing system(s), resources and facilities may constitute grounds for either civil or criminal prosecution.

In the text below, “users” refers to users of any NAS-supported, computing systems, resources and facilities.

Users are responsible for using the computing systems, resources and facilities in an efficient and effective manner. Account deactivation will result after 90 days of non-use and data will be deleted after 120 days unless the user/project contacts the Helpdesk to preserve their data.

The computing systems are unclassified systems. Therefore, classified information may not be processed, entered or stored. Information is considered “classified” if it is Top Secret, Secret and/or Confidential information that requires safeguarding in the interest of National Security.

The computing systems are for processing data in categories low or moderate. Data categorized as high is not to be processed, entered, or stored. See FIPS 199 (<http://csrc.nist.gov/publications/fips>) for an explanation of the data categories.

Users are responsible for protecting any information used and/or stored on/in their accounts. Consult the User Guide for guidelines on protecting your account and information using the standard system protection mechanisms.

Users are required to report any weaknesses in computer security, any incidents of possible misuse or violation of this agreement to the proper authorities by contacting NAS User Services or by sending electronic mail to security@nas.nasa.gov.

Users shall not attempt to access any data or programs contained on systems for which they do not have authorization or explicit consent of the owner of the data/program, the NAS Computer Security Official (CSO).

Users shall not divulge access information (e.g., Dialup or Dialback modem phone numbers, or lists of user accounts)

Users shall not share their account(s) with anyone. This includes sharing the password to the account, providing access via an .rhost entry or other means of sharing.

Users shall not make copies of copyrighted software, except as permitted by law or by the owner of the copyright.

Users shall not make copies of system configuration files (e.g. */etc/passwd*) for unauthorized personal use or to provide to other people/users for unauthorized uses.

Users shall not purposely engage in activities to: harass other users; degrade the performance of systems; deprive an authorized user access to a resource; obtain extra resources, beyond those allocated; circumvent computer security measures or gain access to a system for which proper authorization has not been given.

Electronic communication facilities (such as Email or Netnews) are for authorized government use only. Fraudulent, harassing, obscene or sexually explicit messages and/or materials shall not be sent from, or stored on the systems.

Users shall not download, install or run security programs or utilities, which reveal weaknesses in the security of a system. For example, NAS users shall not run password cracking programs.

Inclusion of a login name different than your NAS login name in your *~/rhost* file requires a written request and approval from the NAS CSO. If a name different than your NAS login name is found in a *~/rhost* file without approval your account will be disabled.

Any noncompliance with these requirements will constitute a security violation and will be reported to the management of the user and the NAS CSO and will result in short-term or permanent loss of access to the computing systems. Serious violations may result in civil or criminal prosecution.

I certify that the information I have provided is correct and that this and any future accounts that I receive will only be used by me for authorized purposes. I also certify that I have **READ** and **WILL ABIDE BY** the Acceptable Use Statement for *NAS System Division Computing Resources*.

Requestor's Signature: _____

Date: _____

I approve of the Requestor having access to computing resources to work on the project named above, and I believe the Requestor has truthfully provided all information concerning their identity.

Name of Principal Investigator (or NASA Mission Representative if Requestor is the PI): _____

Signature: _____

Date: _____