

Proposal Template

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|---|------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|---|
| 4.2.1.1 General Information | | <input type="checkbox"/> AM | | <input type="checkbox"/> PM | | |
| A. Date of Campaign: | | | | | | |
| B. Campaign Title: | | | | | | |
| C. Principal Investigators: | | | | | | |
| D. Facility: <input type="checkbox"/> OMEGA <input type="checkbox"/> OMEGA EP | | | | | | |
| E. Cryogenic Target <input type="checkbox"/> Spherical <input type="checkbox"/> Planar | | | | | | |
| 4.2.1.2 Summary of Campaign Objectives: | | | | | | |
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| Specifications and Laser/Diagnostic Requirements: | | | | | | |
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| 4.2.1.3 SRF | | 4.2.1.4 Targets | | | 4.2.1.5 VISRAD | 4.2.1.6 # of Target Shots |
| Configuration Name | Example RID # | TRF # | Complex Yes | No | Quantity | Filename (RID-PI Name.vrw) (Submit files with proposal) |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4.2.1.7 Identify all diagnostics required that are not qualified | | | | | | |
| Diagnostic Name | | | Description | | | |
| | | | | | | |
| | | | | | | |
| 4.2.1.8 Energy Transport Considerations | | | | | | |
| A. Estimated laser transmission through target (OMEGA only): _ J | | | | | | |
| B. Estimated backscatter energy is less than 140 J <input type="checkbox"/> | | | | | | |
| C. For flat targets, verify maximum angle of incidence is less than 65° <input type="checkbox"/> | | | | | | |
| 4.2.1.9 Special considerations: | | | | | | |
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| 4.2.1.10 Campaign configuration variables: | | | | | | |
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