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| **To make this process as easy as possible, before you start filling out this form, call Kristi Moser-McIntire (533-8133) to have a person assigned to support you in its completion. After completion, submit this form to mosekri3@isu.edu and the person assigned as your point-of-contact.** | | |
| **Background:** A two phase process is used to request access to and perform work in the CAES Facility:  1. Initial screening to assess if projects can be conducted in CAES. This information and discussions with CAES staff are used to ensure the research is aligned with the CAES mission and that before time is spent planning a project, an adequate assessment has been made of whether CAES can support the project’s needs.  2. Ensure the project has been adequately planned and can be performed safely; confirm the project is ready to start work by way of a readiness check. | | |
| **Requestor Name:** | | **Submittal Date:** |
| **Requestor Organization:** | | **Requestor Phone No:** |
| Idaho State University;  Boise State University;  University of Idaho;  University of Wyoming;  Idaho National Laboratory;  Other | | |
| **Project Title/Description:** | | |
| **CAES Point-of-Contact:** | | |
| **Is this a collaboration among CAES consortia members?**        **If so, which organization(s)?**       **Other organizations that will support performance of this work scope:** | | |
| **Customer/Sponsor:** (Identify the agency that is sponsoring the work and providing the funding.) | | |
| **Sponsoring Agency:** | | |
| **Schedule:** (Provide estimated dates the work would need to commence and be completed and specify if either is not flexible). | | |
| **Start Date:** | **End Date:** | |
| **Comments:** | | |

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| **Proposed Location:** (Identify the Laboratory and any other CAES facilities (e.g., office space, Instrument Repair Shop) needed to execute the project and the estimated square footage required.) |
| **Equipment or Utility Requirements** |
| Identify equipment that you will need to locate in CAES to perform the proposed work scope. |
| Identify utility requirements that may not be available in CAES or may require facility modifications or special provisions. |
| Confirm that equipment meets third party listing requirements for electrical safety (i.e. UL sticker). |
| Project requires IT network access. (i.e. webcam, server, or other web served data or hardware) |
| Hazards (High Level Description) |

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| **Security Note: No classified work may be conducted in CAES.** | |
|  | **Sensitive Information:** Check this box if the work requires the use of business sensitive information |
| **Security or Safety Requirements:** (Describe any unique security or safety requirements that apply to the work scope (e.g., limiting access to equipment or information, limiting other work being performed concurrently in the laboratory or CAES, etc.) | |

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| **\*Export Compliance** | |
|  | **Export Controlled Technology:** Check this box if there will be export controlled technology that is not publicly available or has been limited from public release.  **NOTE:** *Export controlled technology is specific information necessary for the development, production, or use of hardware, material, or equipment or an export controlled activity.* *Information that is publicly available or unrestricted from public release is* ***not*** *export-controlled technology.* |
|  | **Software:** Check this box if there will be software (that is developed, used or shared) that is not publicly available for free and that has restrictions on further dissemination. |
|  | **Shipments:** Check this box if there will be shipments of equipment, materials or hardware outside the U.S. borders or transfers of ownership or financial responsibility of equipment, materials or hardware within the U.S. borders. |
| **\*Responsibility for Export Compliance lies with each CAES member institution.** | |

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| **CAES Decision and Comments:**  **Accept**  **Decline Comments:** |

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| **Signatures:** | | |
| **CAES Director:** |  | **CAES COO:** |
| **CAES Safety Officer:** | | **Cognizant Laboratory Lead:** |