

**Short Proposal Form  
Material Sciences**

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| **Proposal information** | | | | | | | | | | | | |
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| **Proposal type** | | Select... | | | | | | | | | | |
|  | | *For more information regarding the different proposal types, visit:* [*https://lcls.slac.stanford.edu/proposals/modes-of-access*](https://lcls.slac.stanford.edu/proposals/modes-of-access) | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Descriptive experiment title** | | |  | | | | | | | | | |
|  | | | This title *will be made public* if you are awarded beamtime. Maximum of 150 characters. | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Is this experiment related to one or more LCLS proposals that have been previously submitted or accepted?** | | | | | | | |  | | | | |
| Select... | | | | |
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| → If previously accepted, list experiment number(s): | | | | | | | |  | | | | |
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| **Spokesperson** | | | | | | | | | | | | |
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|  | | | |  |  | | | |  |  | | |
| Name | | | | | Institute | | | | | E-mail address | | |
|  | | | | | | | | | | | | |
| **Experimental team** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 1 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Description of relevant previous experience (e.g., data collection at a synchrotron) | | | | | | | | | | | |
| 2 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 3 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 4 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 5 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 6 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 7 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
| 8 |  | | | | |  |  | | | |  | Select... |
|  | Name | | | | | | Institute | | | | | Main experimental role |
|  |  | | | | | | | | | | | |
|  | Relevant previous experience | | | | | | | | | | | |
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|  | The experimental team has more than 8 team members. | | | | | | | | | | | |
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|  | We need help from LCLS staff for data analysis. | | | | | | | | | | | |

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| **Scientific case** | | | | | | | | | |
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| **Briefly explain the background and significance of your proposed experiment** | | | | | | | | | |
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|  | | | | | | | | | |
| *Avoid broad discussion. Maximum of 2500 characters (including references, if applicable).* | | | | | | | | | |
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| **Specific aims and questions to be answered** | | | | | | | | | |
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| Maximum of 500 characters. | | | | | | | | | |
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| **Why is LCLS required for this experiment? Why now?** | | | | | | | | | |
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| Maximum of 500 characters. | | | | | | | | | |
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| **Supportive figure and caption (optional)** | | | | | | | | | |
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|  | | | | | | | | |  |
| Maximum of 450 characters. |
| **Experimental details** | | | | | | | | | |
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| **Sample description (name and concentration for all proposed samples) (if applicable)** | | | | | | | | | |
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| **Preferred instrument** | | | Select... | | | | | | |
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| → Instrument comments: | | |  | | | | | | |
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| **X-ray parameters** | | | | | | | | | |
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| X-ray energy (keV): | |  | | | | | | | |
|  | | | | | | | | | |
| Preferred X-ray focal spot size (100 nm – 100 µm): | | | | | | | |  | |
|  | | | | | | | | | |
| X-ray bandwidth: | | Select... | | | | | | | |
|  | | | | | | | | | |
| **Q priority** | Select... | | | | | | | | |
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| **Preferred sample delivery method** | | | | | Select... | | | | |
|  | | | | | | | | | |
| → Alternative or custom sample delivery method: | | | | | | |  | | |
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| **Sample environment requirements** | | | | |  | | | | |
|  | | | | | E.g., helium atmosphere, humidity, temperature, or pressure requirements. | | | | |
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| **Do you plan on bringing equipment to LCLS?** | | | | | | Select... | | | |
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| → If so, describe the equipment: | | | |  | | | | | |
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| **Required amount of beam time shifts** | | | | | | | | | |
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|  | | | | | | | | | |
| 1 shift = 12 hours of beam time | | | | | | | | | |
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| **Comments** | | | | | | | | | |
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