**INSTRUCTIONS**

1. Familiarize yourself with the “NSF-ICF Use and Ice Core Sample Allocation Policy” located at<https://icecores.org/policy>.
2. Email a completed “Sample Request / Facility Use Form” to [nsf.icf.smo@unh.edu](mailto:nsf.icf.smo@unh.edu).
   * Requests for samples from the NSF-ICF are coordinated through the Science Management Office (SMO). Investigators must complete the Sample Request/Facility Use Form and provide it to the SMO at least **four weeks** prior to your proposal submission deadline if the proposal requires any of the following NSF-ICF services: (1) sample requests; (2) storage of cores (even if just temporarily); or (3) use of the facility (sample cutting, CPLs, etc.).
   * **Investigators/Scientists**: complete sections 1 and 2 of this form (you do not need to complete section 3).
   * **Education, Outreach, Art/Photography requests for samples**: complete sections 1 and 3 of this form (you do not need to complete section 2).
3. Acknowledge NSF-ICF support in any publications that result from the NSF-ICF services you receive with the following statement "*We thank the National Science Foundation-Ice Core Facility (NSF-* *2041950) for ice core sampling assistance and curation.*”

**Section 1** **– Everyone Complete**

Everyone needs to complete this section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General Information: | | | | |
|  | Your Name: |  | Date: |  |
|  | Affiliation: |  | | |
|  | Address: |  | | |
|  | Email: |  | Phone: |  |

**Section 2** **- Investigators/Scientists**

Only investigators/scientists complete this section.

|  |  |
| --- | --- |
| Project Information: | |
|  | Project Name: |
|  | Brief Project Description: |

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| --- | --- |
| Project Status: *(check all that apply – double-click check box, and select ‘Checked’ radial button to check a box)* | |
|  | Proposal – Proposal #:  Funded Grant – Grant #:  Pilot Study |
|  | Program Name: |
|  | Program Manager: |

|  |  |  |
| --- | --- | --- |
| Request Status: *(check only one)* | | |
|  | New Request | Modification to a Previous Request Date of Previous Request: |

|  |  |  |  |
| --- | --- | --- | --- |
| Request Type: *(check all that apply)* | | | |
|  | Samples | Storage of cores | Use of NSF-ICF |
|  | Other (describe) | | |

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| --- | --- |
| Science objectives: | |
|  | *BRIEFLY describe your science objectives, methods, and hypotheses.* |
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| --- | --- |
| Describe the sample(s) you are requesting: | |
|  | *Example: Core name, size, volume, shape, sample frequency (depth and time), specific event, tolerable sample depth and sample shape variability, constraints on location along the core cross section* |
|  |  |

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| --- | --- |
| Describe planned sample measurements and analyses: | |
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|  |  |
| --- | --- |
| Describe how sample(s) could be shared with other investigators: | |
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| --- | --- |
| If ice cores are coming to ICF, please describe (when, core diameter(s), # of meters of each diameter, ice core packing (lay-flat, tubes, etc.). Detailed information is important. | |
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| Is this request part of a collaborative proposal by more than one university? If yes, provide proposal title. | | | |
|  | No | Yes | If yes, which one? |

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| Will the sampling be done as part of a multi-investigator Core Processing Line? | | | |
|  | No | Yes | If yes, which one? |

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| --- | --- | --- | --- |
| If you are using the ICF to sample a new core, are there any formal collaborations with other investigators who will also receive samples from the core? | | | |
|  | No | Yes | If yes, list the names, affiliations, and analyses of the other investigators that will receive samples: |

|  |  |
| --- | --- |
| Additional Information: please add additional information that may be relevant to this request. | |
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| Indicate below the requirements you have for sampling at NSF-ICF. | | |
| --- | --- | --- |
| Y | N |  |
|  |  | Will equipment other than horizontal band saw, vertical band saws or chop saws be required (i.e., 90° table saw for sub-sampling sticks, planer, imaging, etc.)?  If yes, please elaborate: |
|  |  | Will you require additional ice surface preparation of samples other than a saw cut surface?  If yes, please elaborate: |
|  |  | Any special concerns about contamination or sampling procedures?  If yes, please elaborate: |
|  |  | Any additional information that NSF-ICF staff needs to be aware of when choosing sample(s) (i.e., crack free, dust free, no bubbles etc.)? If yes, please elaborate: |
| - | - | How long do you anticipate sampling to take? |
| - | - | How many people do you anticipate will be required for sampling? |
| - | - | How many people will you provide? |
|  |  | Will you require more than the freezer exam room for your sampling?  If yes, please elaborate: |
|  |  | Are you bringing electrical equipment?  If yes, please elaborate to include what you are bringing, how much power is required, how many outlets are required, and any other necessary information: |
|  |  | Internet access required? |
| - | - | How will you ship your samples:  Freezer truck  Fedex  Other (i.e., air freight to some other country)  If other, please elaborate: |
|  |  | Any special packing or shipping instructions. If yes, please elaborate: |
| - | - | How long do you anticipate samples will be stored at NSF-ICF before shipping? |
|  |  | Are you planning on using chemicals in the freezer? If yes, please elaborate: |
| - | - | Please discuss any additional requirements or concerns: |

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| --- | --- |
| If applicable, attach a diagram of the proposed core processing cut plan. | |
|  |  |

**Section 3** **– Requests for Samples for Education, Outreach, Art/Photography**

Only educators, outreach professionals, artists, etc. requesting samples complete this section.

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| Project Information: | |
|  | Project Name: |
|  | Brief Project Description (including how the sample will be used): |
|  | Is there any financial support for the project? If yes, please explain: |

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| --- | --- |
| Describe the sample(s) you are requesting: | |
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| --- | --- |
| Teacher Requests: *(only teachers need to complete this section)* | |
|  | What grade(s) will use the sample? |
|  | What course subject(s) will use the sample? |
|  | How many students will participate in the educational activity? |

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| Outreach Requests: *(only outreach requests need to complete this section)* | |
|  | How many people do you anticipate will participate in the outreach activity? |
|  | Who is the target audience for the outreach activity? |

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| Artist/Photography Requests: *(only artists, photographers, etc. need to complete this section)* | |
|  | Where will your work be conducted? |
|  | How will your work be shared with the public? |
|  | Where is your work being displayed? |