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| **User Request Form****For a NESDIS** **Satellite Product or Service** |
|  **NESDIS INPUT** |
| **1. Tracking Number:** **2. Date Received:** **3. Amendments Date(s):** **4. Significant Notes:**  |
| **USER INPUT** |
| **5. Request Title:**  |
| **6. User Project Leader (Agency or office, Name, Phone, Fax & email):**   |
| **7. Operational Points of Contact (Agency or office, Name, Phone, Fax & email):** |
| **8. Technical Points of Contact (Agency or office, Name, Phone, Fax & email):** |
| **9. General Description of Need:** |
| **10. Product specifications / needs:****Environmental parameter:****Satellite sources (e.g., satellite, sensor, etc.):** **Geographical coverage** (e.g., orbital, global, regional):**Vertical range:****Vertical resolution:****Horizontal resolution:****Mapping accuracy:****Measurement range:****Measurement accuracy:****Measurement precision:****Frequency (** e.g, Daily, weekly, orbital, delivery times, granularity):**Data Latency:****Refresh:****Timeliness** (e.g., how soon after observation is product needed?): **Projection view:****Format (** eg .,BUFR, GRIB, FF, GIF, GeoTIF, McIDAS/HDF, SARAD, SATEM, AWIPS’ NetCDF)**:****Grid spacing:****Units:****Compression** (e.g., JPEG, MPEG, RICE, GZIP, ZIP, GIP):**Long term stability:****Archive requirements:****Others:** |
| **11. Benefits:**  |
| **Value Range (check):** |  | Less than $100K |  | $100K to $1 Million |  | Greater than $1 Million |
| **12. Shortcomings of Existing Capabilities:**  |
| **13.**  **Need Date:** **User Program Implementation Details:** **Is the user willing to cost share on developing this capability?** |
| **14. Termination Date:** |
| **15. User Priority:** | **Check Appropriate Box Below** |  |
|  | **Mission Critical:** Cannot meet operational mission objectives without this requirement |
|  | **Mission Optimal:** Requirement not critical but would provide significant improvement to operational capability |
|  | **Mission Enhancing:** Requirement needed to enhance state of knowledge or assess potential for operational capability |
| **16. For NOAA Users only****Please place an "X" in the appropriate block identifying which NOAA mission goal(s) and program(s) this request supports (goal is the 1st item and programs found under that goal are the second column)** |
|  **NOAA Mission Goals** |  **NOAA Programs** |
|  | **Ecosystems**  |  |
|  |  |  | **Habitat**  |
|  |  |  | **Corals**  |
|  |  |  | **Coastal and Marine Resources**  |
|  |  |  | **Aquaculture**  |
|  |  |  | **Ecosystem Research**  |
|  |  |  | **Ecosystem Assessments**  |
|  | **Climate**  |  |
|  |  |  | **Climate Observations & Monitoring**  |
|  | **Weather & Water**  |  |
|  |  |  | **Local Forecast & Warnings**  |
|  |  |  | **Space Weather**  |
|  |  |  | **Integrated Water Forecasting**  |
|  |  |  | **Air Quality**  |
|  |  |  | **Coasts, Estuaries & Oceans**  |
|  |  |  | **Science, Technology and Infusion**  |
|  | **Commerce & Transportation**  |  |
|  |  |  | **Marine Transportation Systems**  |
|  |  |  | **Aviation Weather**  |
|  |  |  | **Marine Weather**  |
|  |  |  | **Geodesy**  |
|  |  |  | **Surface Weather**  |
|  | **Modeling and Observing Infrastructure (MOBI)**  |  |
|  |  |  | **Environmental Modeling**  |
|  | **Weather & Water**  |  |
|  |  |  | **Tsunami**  |
| **17. Suggested Solutions (Optional):**  |
| **18. Concept Of Operations (Optional):**   |
|     **19. Additional Remarks (Optional):** |
| **20. Approval Authority (Agency or office, Name, Phone, Fax & email) *(mandatory entry)*:**  |
| **21.**  |
| **Technical Assessment** |
| **22.**  |  |
|  **DECISION** |
| **23.**  |
| **Project Plans** |
| **25.**  |