Quantum Renewal Form – Please Return Completed Form to accounts@ccs.ornl.gov

**A. General Information**

|  |  |
| --- | --- |
| **Principal Investigator (PI):** |  |
| **OLCF Project ID:** |  |
| **Resource(s):** |  |

**B. Project Results**

1. Do you wish to renew your OLCF Quantum project for an additional 6 months through March 31, 2021 (Yes or No)? If yes, please answer the additional questions below. If no, please complete Part A and return to accounts@ccs.ornl.gov.
2. Please provide a short summary of your work to-date on the quantum resource(s).
3. Are you having any challenges? Is there anything we can do to further assist your project?
4. Please list any Publications resulting from this project.
* Published
* Accepted
* Submitted

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