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**NASA Gateway System Reporting**

**Research Infrastructure and Higher Education Report**

***To be completed for receiving any of the following OSGC Grants:***

 **•Curriculum Innovation Proposal (CIP)**

 **•Faculty Research Initiation Grant Proposal (FRIGP)**

 **•Student-Innovative-Creative-Hands-on Project (SICHOP)**

|  |  |
| --- | --- |
| Activity/Project Name: |  |
| Activity/Project Start Date: |  |
| Activity/Project End Date: |  |
| Total Space Grant Funding Received: | $ |

**1. PRINCIPAL INVESTIGATOR (PI) INFORMATION**

|  |  |
| --- | --- |
| Name (PI): |  |
| Institution: |  |
| Street Address: |  |
| City: |  | State: | Ohio | ZIP Code: |  |
| Contact Phone: | ( ) -  |
| Email Address: |  |

**Gender, Race, and Ethnicity:** *(Select one response for each category.)*

|  |  |  |
| --- | --- | --- |
| Gender: |  | Female |
|  |  | Male |

|  |  |  |
| --- | --- | --- |
| Ethnicity: |  | Hispanic/Latino |
|  |  | Non-Hispanic/Latino |

|  |  |  |
| --- | --- | --- |
| Race: |  | American Indian/Alaskan Native |
|  |  | Asian |
|  |  | Black/African American |
|  |  | Native Hawaiian/Pacific Islander |
|  |  | White |
|  |  | Other |

|  |  |  |
| --- | --- | --- |
| Disability: |  | Yes |
|  |  | No |

**2. DIRECT-FUNDED STUDENT(S) PARTICIPANT INFORMATION[[1]](#footnote-1)**

|  |  |
| --- | --- |
| Name: |  |
| Contact Phone: | ( ) -  |
| Email Address: |  |
| Amount of Funding Received: | $ |

**Gender, Race, and Ethnicity:** *(Select one response for each category.)*

|  |  |  |
| --- | --- | --- |
| Gender: |  | Female |
|  |  | Male |

|  |  |  |
| --- | --- | --- |
| Ethnicity: |  | Hispanic/Latino |
|  |  | Non-Hispanic/Latino |

|  |  |  |
| --- | --- | --- |
| Race: |  | American Indian/Alaskan Native |
|  |  | Asian |
|  |  | Black/African American |
|  |  | Native Hawaiian/Pacific Islander |
|  |  | White |
|  |  | Other |

|  |  |  |
| --- | --- | --- |
| Disability: |  | Yes |
|  |  | No |

**3. ACTIVITY/PROJECT INFORMATION**

Note that the project must align with one of the 5 NASA Mission Directorates listed below.

**NASA Mission Directorate Alignment (select all that apply):**

|  |  |
| --- | --- |
| [Aeronautics Research Mission Directorate](http://www.aeronautics.nasa.gov)[ ]  Advanced Air Vehicles[ ]  Airspace Operations and Safety[ ]  Integrated Aviation Systems[ ]  Transformative Aeronautics Concepts[Science Mission Directorate](http://nasascience.nasa.gov)[ ]  Astrophysics[ ]  Earth Science[ ]  Heliophysics[ ]  Planetary Science[Space Technology Mission Directorate](http://www.nasa.gov/directorates/spacetech/about_us/index.html)[ ]  Transformative Crosscutting Technologies[ ]  Technology Research & Development Challenges | [Exploration Systems Development Mission Directorate](https://www.nasa.gov/exploration-systems-development-mission-directorate/)☐ Space Launch System (SLS)☐ Exploration Ground Systems☐ Extravehicular Activity & Human Surface Mobility☐ Humans in Space[Space Operations Mission Directorate](https://www.nasa.gov/directorates/space-operations/) ☐ Commercial Low Earth Orbit☐ International Space Station☐ Rocket Propulsion ☐ Space Communications and Navigation  |
|  |  |

Brief Description:

Evaluation:

Results Obtained:

**4. PUBLICATIONS AND PRESENTATIONS**

**Any peer-reviewed scientific research publications authored or co-authored by investigators funded are required to ensure that those publications are submitted to PubMed Central system at** [**www.ncbi.nlm.nih.gov**](https://www.ncbi.nlm.nih.gov/)**.**

**A. How many authors have published results of research/activities directly attributed to this activity? Provide the following:**

|  |  |  |
| --- | --- | --- |
| Author(s) |  |  |

|  |  |  |
| --- | --- | --- |
| Year |  |  |

|  |  |  |
| --- | --- | --- |
| Title |  |  |

|  |  |  |
| --- | --- | --- |
| Publication |  |  |

Peer Reviewed?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Author Category

|  |  |
| --- | --- |
|  | Faculty |
|  | Student |

**B. How many authors have submitted manuscripts of research/activities directly attributed to this activity, but are not yet published? Provide the following:**

|  |  |  |
| --- | --- | --- |
| Author(s) |  |  |

|  |  |  |
| --- | --- | --- |
| Year |  |  |

|  |  |  |
| --- | --- | --- |
| Title |  |  |

|  |  |  |
| --- | --- | --- |
| Publication |  |  |

Peer Reviewed?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Status

|  |  |
| --- | --- |
|  | Accepted |
|  | Not Accepted |

Author Category

|  |  |
| --- | --- |
|  | Faculty |
|  | Student |

**C. How many invited papers based on research/activities directly attributed to this activity were presented? Provide the following:**

|  |  |
| --- | --- |
|  | Number of **invited papers** (If none, enter Zero). |

|  |  |  |
| --- | --- | --- |
| Title |  |  |

|  |  |  |
| --- | --- | --- |
| Presenter(s) |  |  |

|  |  |  |
| --- | --- | --- |
| Venue |  |  |

|  |  |  |
| --- | --- | --- |
| Date |  |  |

|  |  |  |
| --- | --- | --- |
| City, State |  |  |

**5. PROPOSALS**

**A. How many proposals for additional funding (NASA and external), based on activities associated with this activity, were submitted?**

|  |  |
| --- | --- |
|  | Number of proposals submitted for additional funding (If none, enter Zero). |

**B. How many proposals for additional funding (NASA and external), based on activities associated with this activity, were funded?**

|  |  |
| --- | --- |
|  | Number of proposals funded (If none, enter Zero). |

|  |  |  |
| --- | --- | --- |
| Proposal Title |  |  |

|  |  |  |
| --- | --- | --- |
| Institution |  |  |

|  |  |  |
| --- | --- | --- |
| Name of Funding Organization |  |  |

|  |  |  |
| --- | --- | --- |
| Type of Funding Organization |  |  |

|  |  |  |
| --- | --- | --- |
| Amount Requested |  | $ |

|  |  |  |
| --- | --- | --- |
| Amount Received |  | $ |

**6. PATENTS AND TECHNOLOGY TRANSFERS**

**A. How many patents, based on research/activities associated with this activity, have been applied for?**

|  |  |
| --- | --- |
|  | Number of patents submitted (If none, enter Zero). |

**B. How many patents, based on research/activities associated with this activity, have been granted?**

|  |  |
| --- | --- |
|  | Number of patents granted (If none, enter Zero). |

|  |  |  |
| --- | --- | --- |
| Patent |  |  |

|  |  |  |
| --- | --- | --- |
| Date Received |  |  |

**C. How many patent licenses, based on research/activities associated with this activity, have been issued?**

|  |  |  |
| --- | --- | --- |
| License |  |  |

|  |  |  |
| --- | --- | --- |
| Date Issued |  |  |

**D. How many technology transfer activities have resulted from research/activities associated with this activity?**

|  |  |
| --- | --- |
|  | Number of technology transfer activities (If none, enter Zero). |

**E. How many online STEM-based teaching tools were created and/or maintained as a result of this activity/project? (An online STEM-based teaching tool is defined as a resource for K-12 and informal educators and higher education faculty that provides support to improve educators' STEM knowledge and/or enhances student interest and proficiency in STEM.)**

|  |  |
| --- | --- |
|  | Number of online STEM-based teaching tools created. |

If yes, please provide the following:

|  |  |  |
| --- | --- | --- |
| Description |  |  |

|  |  |  |
| --- | --- | --- |
| Category Type (mark an X) |  | Web Page |
|  |  | Web-based curriculum |
|  |  | Web-based materials |
|  |  | DLN Session |
|  |  | Virtual space |
|  |  | Game-based program |
|  |  | Other (please explain) |
|  |  |  |

**7. OTHER PARTICIPANTS** – **Provide data regarding the total number of Direct and Indirect Participants attendees reached via this activity in the Table below.**

**Direct Participants** – Individuals who are direct beneficiaries of the activity (i.e., participants and or attendees that may have registered for the activity).

**Indirect Participants** – Individuals who indirectly benefit from the NASA activity and/or can only be estimated (i.e., students that participate in revised courses that were developed via activity funds).

|  |  |  |
| --- | --- | --- |
| **Participants** | **Direct Interaction** | **Indirect Interaction** |
| Pre-Service Teachers |  |  |
| Higher Education Faculty |  |  |
| Undergraduate |  |  |
| Graduate |  |  |
| Post Doctoral |  |  |
| Community College |  |  |
| **Total Participants** |  |  |

**A. Describe the involvement of Higher Education Students and Faculty supported in the Activity/Project? Enter N/A if Not Applicable.**

**8. NEW AND REVISED COURSES** – **If your project included higher education course development during the period of this report, please answer the following questions:**

**A. How many higher education course(s) have been developed using NASA-related content/support??**

|  |  |
| --- | --- |
|  | Number of higher education courses developed(If none, enter Zero). |

|  |  |  |
| --- | --- | --- |
| Name of New Course |  |  |

|  |  |  |
| --- | --- | --- |
| Course Number |  |  |

|  |  |  |
| --- | --- | --- |
| Institution Name |  |  |

|  |  |  |
| --- | --- | --- |
| Institution Department |  |  |

|  |  |  |
| --- | --- | --- |
| Number of Indirect Participants\* |  |  |

***\*Students enrolled in these courses do not meet the definition of Direct student participants.***

**B. How many higher education course(s) have been revised using NASA-related content/support??**

|  |  |
| --- | --- |
|  | Number of higher education courses revised(If none, enter Zero). |

|  |  |  |
| --- | --- | --- |
| Name of Revised Course |  |  |

|  |  |  |
| --- | --- | --- |
| Course Number |  |  |

|  |  |  |
| --- | --- | --- |
| Institution Name |  |  |

|  |  |  |
| --- | --- | --- |
| Institution Department |  |  |

|  |  |  |
| --- | --- | --- |
| Number of Indirect Participants\* |  |  |

***\*Students enrolled in these courses do not meet the definition of Direct student participants.***

**9. COST SHARING INFORMATION** – **Provide total matching funds for cost-sharing purposes which must be equal to or greater than the OSGC funding received. Matching funds can be either cash and/or in-kind funds (i.e., dollar estimate of the Principal Investigator’s time including fringe benefit rate, transportation provided, printing / photocopies, contributions received from other sources, equipment/supplies provided by other sources, volunteer time, etc.)**

**What is Cost Sharing?**

Cost sharing or matching means that portion of project or program costs not borne by the funding agency. It includes *all* contributions, including cash and in-kind, that a recipient makes to an award. If the award is federal, only acceptable non-federal costs qualify as cost sharing and must conform to other necessary and reasonable provisions to accomplish the program objectives. Cost sharing effort is included in the calculation of total committed effort. Effort is defined as the portion of time spent on a particular activity expressed as a percentage of the individual's total activity for the institution.

(Source: <http://accounting.ucdavis.edu/costshare/whatis.cfm>)

|  |  |
| --- | --- |
| Total Funds Received from OSGC | $ |

|  |  |
| --- | --- |
| **Description of Cost Share** | **Amount** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total\*** | $ |

\*Note that cost sharing total **must be equal to or greater than** the OSGC funding received.

**10. RESULTS**

**11. “SUCCESS STORY”** – **Provide a short quotation from the PI, Direct-funded student, or participant, or any relevant details to student or faculty participation in an OSGC supported Activity/Project that may be considered a notable achievement:**

**12. OTHER COMMENTS**

***Thank you for participating in the Ohio Space Grant Consortium Grant program.***

If you have any questions or concerns, please contact the OSGC Main Office at: (440) 962-3099.

Please submit this form and any accompanying documents to OSGC via email to osgc@oai.org.

1. Direct-funded students will be required to complete an Information Form with additional demographic information. [↑](#footnote-ref-1)