

**NASA Gateway System Reporting**

**INFORMAL EDUCATION Report**

**[OSGC Informal Education Innovation Proposal (IEIP)]**

|  |  |
| --- | --- |
| 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. 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:

**A. The project includes the following components [Mark all that apply]:**

|  |  |
| --- | --- |
|  | Supplemental Materials/Handouts |
|  | Staffing |
|  | Standard-based and/or learning objective content |

**B. Enter the number for each type of activity supported by this project:**

|  |  |
| --- | --- |
|  | Informal Educator Professional Development – Short Duration (< 2 days) |
|  | Informal Educator Professional Development – Short Duration (>= 2 days) |
|  | Exhibit Supported/Developed |
|  | Student Hands-on Activity |
|  | Public At Large Activities Supported |
|  | Other |

**C. Was the Activity/Project in support of Professional Development for Informal Educators (Short Duration, less than 2 days in length)?**

**D. Was the Activity/Project in support of Professional Development for Informal Educators (Long Duration, greater than or equal to 2 days in length)?**

**E. Were any exhibits supported/developed with the Activity/Project?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not Applicable |

If yes, provide a brief description:

**F. Were there any “Student Hands-on Activities” supported with the Activity/Project?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not Applicable |

If yes, provide a brief description:

**G. Were there any “Public At Large” Activities supported with the Activity/Project?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not Applicable |

If yes, provide a brief description:

**H. What was the duration of your project activity?**

|  |  |
| --- | --- |
|  | Short Event(≤ 2 days) |
|  | Long Event (> 2 days) |
|  | Multi-Month (semester/quarter) |
|  | Year-long(12 months) |

**I. 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 |

**J. Does this activity provide opportunities for Informal Educators to participate in an existing NASA-sponsored project?**

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

If yes, provide name of existing NASA-sponsored project:

**4. 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** |
| Elementary School Teachers |  |  |
| Middle School Teachers |  |  |
| High School Teachers |  |  |
| Pre-Service Teachers |  |  |
| Informal Educators |  |  |
| Higher Education Faculty |  |  |
| Elementary School Students |  |  |
| Middle School Students |  |  |
| High School Students |  |  |
| Undergraduate |  |  |
| Graduate |  |  |
| Post Doctoral |  |  |
| Administrators |  |  |
| Parents/Guardians |  |  |
| Public At Large |  |  |
| Other |  |  |
| Total Participants |  |  |

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

**5. 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.

**6. RESULTS**

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

**8. 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) 962-3032.

Please submit this form and any accompanying documents to OSGC via Email to: [osgc@oai.org](file:///\\Enterprise2\Employee%20Folders$\stackol\osgc@oai.org)