OEPM: Higher Education (HONES) Activity Form

1. Project Activity Name: _____

Space Grant Funds applied to this project: $_____
Matching Funds applied to this project: $_____

2. Activity Description:
Please provide a short (paragraph or so) description of the activity, its goals and objectives, and unique characteristics. This section should include special conditions and products to be completed by participants. (4000 character limit)

Is this an on-going project? ___ Yes ___ No

3. Competitiveness:
Describe the competitiveness of this activity including eligibility and selection criteria.

4. Project Contact Person:

Last name:
First name:
Title:
Institution/Organization:
Street Address:
City:
State:
Zip Code:
Business Phone 1:
Business Phone 2:
E-mail Address 1:

E-mail Address 2:

5. Eligible Participating Affiliates:
Names of Space Grant affiliates that participated in this project:
Names of non-affiliate organizations that participated in this project:

6. NASA Connections:
This activity is in alignment with the priorities of the following connections: (*mark all that apply*)

_____ Aeronautics Research Mission Directorate
_____ Human Exploration & Operations (HEO)
_____ Office of Chief Technologist
_____ Science Mission Directorate
_____ Office of Education
_____ Other (Specify): _____

A partnership is a reciprocal and voluntary relationship between the activity personnel and NASA, industry, or other partners, to cooperatively achieve the goals of the activity. Was there a partnership with a NASA center on the activity? ___Yes ___No

7. Publications and Presentations

How many authors have published results of research/activities directly attributed to this activity? _____ Please provide the following information for each publication:

Author(s)	Year	Title	Publication (Journal, Book, Proceedings, Other)	Peer Reviewed? (yes or no)	Author Category (Faculty, Post Doc, or Student)

How many authors have submitted manuscripts of research/activities directly attributed to this activity, but are not yet published? (if none, enter 0) _____ Please provide the following information for each publication:

Author(s)	Year	Title	Publication (Journal, Book, Proceedings, Other)	Peer Reviewed? (yes or no)	Status (Declined, Pending, Accepted)	Author Category (Faculty, Post Doc, or Student)

How many invited papers based on research/activities directly attributed to this activity were presented? (if none, enter 0) _____ Please provide the following information for each publication:

Title	Presenter	Venue

How many self-submitted papers based on research/activities directly attributed to this activity were presented at conferences that use a review process? (if none, enter 0) _____ Please provide the following information for each publication:

Title	Presenter	Venue

8. Proposals

How many proposals for additional funding (NASA and external), based on activities associated with this activity, were submitted? (if none, enter 0) _____

How many proposals for additional funding (NASA and external), based on activities associated with this activity, were funded? (if none, enter 0) _____

Proposal Title	Institution	Name of Funding Organization	Type of Funding Organization (NASA, Other Federal Agency, State Agency, Private, Non-Profit, Industry, Other)	Amount Requested	Amount Received

9. Patents and Technology Transfers

How many patents, based on research/activities associated with this activity, have been applied for? (if none, enter 0) _____

How many patents, based on research/activities associated with this activity, have been granted? (if none, enter 0) _____ Please list granted patents:

Patent	Date Received

How many patent licenses, based on research/activities associated with this activity, have been issued? (if none, enter 0) _____ Please list issued license(s):

License	Date Issued

How many technology transfer activities have resulted from research/activities associated with this activity? (if none, enter 0) _____ Please list technical transfer activities:

Activity	Transfer Partner

10. Evaluation:

How does this activity contribute to meeting the goals and objectives of the project/agreement with NASA education? (*1000 character limit*)

What metrics or measures are documented (captured) through the evaluation process, to determine the effectiveness of the activity? (*1000 character limit*)

11. References (*optional*)
Please attach any reference document(s) as needed. In the description field, please indicate the relevance and the section it pertains to.

SECTION 2: HIGHER EDUCATION DATA

12. This project provides support for the following components (*mark all that apply, select at least one*):

Student/Student Teams
___ On-Site University Research Experience
___ On-Site NASA Center Experience
___ On-Site Industry Experience
___ Student-Led Flight project(s)
___ Student-Led non-flight project(s)
___ Travel (Visit a NASA Center, present a paper, attend a workshop, conference, symposium)

Educational Enhancement
___ Seminar/Lecture/Symposium
___ Competition sponsorship
___ Design Project development
___ Course Development (new or revised)
___ Pre-Service educator workshop

Other
___ Other

13. **Project Activity** Date: Start: _____   End: _____

What was the duration of your project activity?
___ Short Event ($\leq$ 2 days)
___ Long Event (> 2 days)
___ Multi-Month (semester/quarter)
___ Year-long (12 months)

Activity Location City: _____
Activity Location State: _____
Activity Location Zip Code: _____

If the project activity was held outside of the US, please provide the country, city, and address:

14. How many on-line **STEM-based teaching tools** were created and/or maintained as a result of this activity/project? (*Definition: 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.) _____

Description	Category Type *(Web page, web-based curriculum, web-based materials, DLN session, virtual space, game-based program, other)*	New or Existing

Does this activity provide opportunities for **students** to participate in an existing NASA-sponsored project? ___ Yes ___ No ___ N/A

15. Enter the **total number of direct and indirect attendees** reached via this activity. Direct participants are individuals that are direct beneficiaries of the activity (*i.e. participants and/or attendees that may have been registered for the activity*). Indirect participants are individuals that directly 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*). For the columns regarding gender and race/ethnicity, please provide those breakdowns for direct participants only.

Participants	Direct Interaction	Indirect Interaction	# Male # Female	# of Minority Participants
Pre-Service Teachers	0	0		
Higher Education Faculty	0	0		
Undergraduate	0	0		
Graduate	0	0		
Post Doctoral	0	0		
Community College	0	0		
Total Participants	0	0		

Please enter the number of direct participants that are unique to your activity/project. The unique participant fields are fields that indicate the actual number of individuals served. *If an individual has been counted before in another activity they should not be double counted here*.

Participants	Unique Participants	Unique participants whose primary affiliation is with another project	Primary Project Affiliation	Activity Type Select from: 1) Face to Face Educator Institute 2) Partner-Delivered Educator Professional Development 3) Online Educator Professional Development 4) Community-Requested Educator Professional Development 5) Other (specify)

Pre-Service Teachers	0	0	
Higher Education Faculty	0	0	
Undergraduate	0	0	
Graduate	0	0	
Post Doctoral	0	0	
Community College	0	0	
Total Participants	**0**	**0**	

16. Direct Funded: Please enter the total number of **direct student participants who received monetary support** (regardless of the amount). This should be a subset of the total Direct Student Participants recorded in the table above. Direct funded student participants do not include recipients of reimbursements (i.e. travel, supplies, meals, etc.) _____

17. Direct Significant Investment: Please enter the **total number of direct student participants who received a significant investment**. (The total number of significant investment students is a subset of the total number of direct funded participants.) _____
(A significant investment is defined as participants receiving significant personal investment(s) of $3K or greater in financial support, 160 or greater hours of direct contact, or some other support considered "significant.")

For all students who received direct funding and (or) those who meet the criteria for significant engagement, please list in the following table.

Student/email address	Institution	Amount ($)	Hours

18. Faculty/Researcher Participant Information

Please enter the number of faculty/researcher participants: ____

Faculty/Researcher Name	Institution Name and Department

19. New and Revised Courses:

If your project included higher education course development during the period of this report, please answer the following questions:

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

Name of NEW course	Course #	Institution Name and Department	# of Indirect Participants

How many higher education courses have been revised using NASA-related content/support? _____

Name of REVISED course	Course #	Institution Name and Department	# of Indirect Participants