

OEPM: Pre-College Activity Form

Section 1: CORE DATA

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:

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).~~ *(Probably NA...)*

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: PRECOLLEGE DATA

12. Enter the **number of events** supported by this project:

Educator Professional Development
 Student Engagement

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

What was the duration of your project activity?

Short Event (≤ 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

15. How many **interactive K-12 student activities** were conducted? _____

16. Are **evaluation mechanisms** in place to demonstrate that teachers utilize the materials/knowledge in their classrooms? Yes No N/A

Please explain: (500 character limit)

17. Does this activity provide opportunities for **pre-college educators** to participate in an existing NASA-sponsored project? Yes No N/A

18. Student participants:

Does this project contain pre-college student-based components? Yes No

If yes, please explain how the student-based component quantitatively contributes to the STEM pipeline. (limit 500 characters)

Student based activity – Short duration (< 2 days)

Student based activity – Long duration (≥ 2 days)

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

19. 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*).

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	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
Elementary School Teachers			
Middle School Teachers			
High School Teachers			
Pre-Service Teachers			
Informal Educators			
Elementary School Students			
Middle School Students			
High School Students			
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 those who meet the criteria for significant engagement, please list in the following table. *(MSGC Program Manager will collect and enter detailed student data for each of the students.)*

Student/email address	Institution	Amount (\$)	Hours

18. Please describe the **involvement of higher education students and faculty** in the conduct of this element of the overall project (*limit 500 characters*).

19. Please enter the number of any other activities supported by this project and provide a description: _____