

# OEPM: Research Seed Grant 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:



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: RESEARCH INFRASTRUCTURE DATA

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

### Student/Student Teams

- Faculty/Researcher/enhancement (minigrants, release time for proposals, etc.)
- On-Site University Research Experience
- On-Site NASA Center Experience
- On-Site Industry Experience
- Travel (Visit a NASA Center, present a paper, attend a workshop, conference, symposium)
- Conducting of Conference/Workshop/Symposium

### Educational Enhancement

- Partnership Collaboration Development
- Faculty recruitment
- Enhanced MSI competitiveness
- Contribute to University Research Experience
- Travel (Visit a NASA Center, present a paper, attend a workshop, conference, symposium)

### 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 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		
<b>Total Participants</b>	<b>0</b>	<b>0</b>		

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. Faculty/Researcher Participant Information

Please enter the number of faculty/researcher participants: \_\_\_\_\_

Faculty/Researcher Name	Institution Name and Department