

NASA \underline{O} ffice of \underline{E} ducation \underline{P} erformance \underline{M} easurement (OEPM) 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) INFO | <u>PRMATION</u> | | |
| 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. <u>ACTIVITY/PROJECT INFORMATION</u>

| Brie | ef Description: |
|-----------|--|
| Eva | luation: |
| | |
| Res | ults Obtained: |
| | |
| A. | The project includes the following components [Mark all that apply]: |
| | Supplemental Materials/Handouts |
| | Staffing Standard-based and/or learning objective content |
| | |
| В. | 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, <u>less than 2 days</u> 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 ye | es, provide a brief description: |
| F. | Were there any "Student Hands-on Activities" supported with the Activity/Project? |
| | Yes |
| | No |
| | Not Applicable |
| If ye | es, provide a brief description: |
| | |
| | |
| G. | Were there any "Public At Large" Activities supported with the Activity/Project? |
| | Yes |
| | No |
| | Not Applicable |
| If ye | es, provide a brief description: |
| | |
| ī | |
| Н. | 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 existing NASA-sponsored | e opportunities for Informal Ed d project? | ucators to participate in an | |
|---|---|----------------------------------|--|
| Yes | | | |
| No 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. | | | |
| <u>Direct Participants</u> – Individua and or attendees that may have | als who are direct beneficiaries of registered for the activity). | the activity (i.e., participants | |
| | luals who indirectly benefit from that participate in revised courses | • | |
| 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 Activity/Project? Enter I | of Higher Education Students a N/A if Not Applicable. | and Faculty supported in the | |
| | | | |
| | | | |

5. <u>COST SHARING INFORMATION</u> – 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. | <u>RESULTS</u> | | |
|----|----------------|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| <u>OI</u> | EPM – Informal Education | <u>n Report</u> (Continued) | Page 6 |
|-----------|---------------------------|---|--|
| | | | |
| | | | |
| | | | |
| 7. | relevant details to stud | - Provide a short quotation from the PI or particip ent or faculty participation in an OSGC supported ay be considered a notable achievement: | The second secon |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 8. | OTHER COMMENT | <u>S</u> | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Thank you for partic | ipating in the Ohio Space Grant Consortium Grant | program. |
| If | you have any questions of | r concerns, please contact the OSGC Main Office at: | (440) 962-3032. |
| | ease submit this form an | d any accompanying documents to OSGC in one of | of the following |
| 1) | | his link: http://web1.oai.org/Seedgrant.nsf/reportform nit your report at this link) | ?openform |
| 2) | Via U. S. Mail to: | Ohio Space Grant Consortium 22800 Cedar Point Road Cleveland, OH 44142 | |

3) <u>Via Email to</u>:

osgc@oai.org

4) <u>Via Fax to</u>: (440) 962-3057*

*If you are submitting via fax, please call the Main Office at (440) 962-3032 so the report can be picked up.