

CMIS Space Grant External Relations Form

February 1, 2005 – January 31, 2006

University : _____

PROJECT NAME: _____

Contact Person: _____

Phone Number () _____

Street _____

City _____ State CA Zip Code _____

Name of sponsor(s) of project if other than affiliate:

| |
|--|
| |
|--|

Location of Project Activities:

| | | | |
|--------------------------|-------------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Nasa Center(s) | <input type="checkbox"/> | Museum/Planetarium(s) |
| <input type="checkbox"/> | University Campus(es) | <input type="checkbox"/> | Industry or Private sector Facilities |
| <input type="checkbox"/> | Elementary/Middle/High School | <input type="checkbox"/> | Other |
| <input type="checkbox"/> | Community Facilities | <input type="checkbox"/> | |

| | | | | |
|-----------------------------------|------------|-------------------|------------|--------|
| Project Status: Circle ONE | Developing | Newly Implemented | Continuing | Ending |
|-----------------------------------|------------|-------------------|------------|--------|

End date of Project: _____

Please provide a brief description of the project:

| |
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| |
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| | | |
|-------------------------------------|-----|----|
| Are evaluation mechanisms in place? | Yes | No |
|-------------------------------------|-----|----|

Describe Evaluation Methodology:

| |
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| |
|--|

Are recruitment and retention strategies with respect to underrepresented minority groups in place? If so, briefly state:

| |
|--|
| |
|--|

Primary Discipline: _____

(Education, Aerospace, Mechanical Engineering, etc.)

Other Name of Discipline: _____

Secondary Discipline: _____

(Education, Aerospace, Mechanical Engineering, etc.)

Other Name of Discipline: _____

PLEASE TURN OVER FOR REMAINING SECTION

Funding and Collaboration Information

Actual Sources of Funding (include cash or non cash). Enter whole number only:

| | CASH (\$) | Non Cash (\$) | TOTAL (\$) |
|--|-----------|---------------|------------|
| NASA Space Grant | | | |
| Other Federal | | | |
| Carry over | | | |
| Industry | | | |
| Lead Institution | | | |
| Non Profit Organization | | | |
| Academic Affiliates | | | |
| State/Local Government | | | |
| Participants | | | |
| Other | | | |
| Totals | | | |
| Actual Cost of Project for this reporting period including encumbered costs (or contribution if supplement): | | | |
| Balance/Difference HAS TO BALANCE OUT TO ZERO | | | |

Please provide reason if no funding sources listed

Type(s) of institution(s) (mark all that apply):

| | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Government | <input type="checkbox"/> For Profit | <input type="checkbox"/> Non Profit |
|-------------------------------------|-------------------------------------|-------------------------------------|

Describe Target Institution(s):

Activities (mark all that apply):

| | |
|--|---|
| <input type="checkbox"/> Expert Advice/Analysis/Data | <input type="checkbox"/> Research |
| <input type="checkbox"/> Design | <input type="checkbox"/> Training |
| <input type="checkbox"/> Workshop/Conference | <input type="checkbox"/> Establishing Communications/Collaborations |
| <input type="checkbox"/> Loan of Personnel | |

Was the University or college the provider or the recipient of the service? Choose One

| | |
|---|---|
| <input type="checkbox"/> University/College was the Provider | <input type="checkbox"/> Reciprocal Arrangement |
| <input type="checkbox"/> University/College was the Recipient | <input type="checkbox"/> None of these choices |

| | | |
|--|------------------------------|-----------------------------|
| Did this activity utilize Land Grant extension agents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Describe:

| | | |
|---|------------------------------|-----------------------------|
| Did this activity utilize Sea Grant Advisory Personnel? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Describe:

Overall Comments: