**(Please keep answers to the requested word limits)**

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| **Organization name:** | **Is this a U.S. organization: Yes  No** |
| **Main point of contact:** | **Head of organization:** |
| **Is main contact a U.S. Citizen/Person:**  **Yes  No** | **Is the head of the organization a U.S. Citizen/Person:** **Yes  No** |
| **Point of contact email address:** | **Organization website:** |
| **Point of contact title/role:** | **Phone number for point of contact:** |
| **Links to additional information (video, photos, podcasts, etc.):** | **Organization address:** |
| **Organization type:**  **School  Museum  After School Program**  **Other Educational Organization** |

Introduction:

The International Space Station (ISS) National Laboratory is pleased to present Expedition Space Lab—an online tool that provides educators with easy access to ISS-related information, lessons, activities, and other resources to integrate into their curriculum. Expedition Space Lab is designed to help schools, museums, and other educational institutions incorporate a “Space Lab” into their organization using resources from ISS National Lab Space Station Explorers (SSE) educational partners and NASA. While every educational organization is encouraged to utilize the resources available through Expedition Space Lab, the Center for the Advancement of Science in Space, Inc. (CASIS), manager of the ISS National Lab, will award up to $10,000 to one organization to put toward purchasing Expedition Space Lab resources to develop a Space Lab.

### **Organization and Population Served (limit 250 words):**

* Describe the applicant’s organization and the key personnel involved in developing the Space Lab. Please include each person’s name, title, and qualifications.
* Describe the demographics of the population served at the applicant’s organization, as well as the number of students served and the percentage of underserved populations. Underserved populations include those categorized in a low socioeconomic status, racial/ethnic minorities, first-generation students, remote and rural students, foster care youth, students with incarcerated parents, and ELL (English Language Learners) students. This list is not exhaustive, and if the underserved population the applicant’s organization serves is not on this list, please include it in this section of the application.
* Discuss approaches to promote diversity, equity, and inclusion among disadvantaged demographics.

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### **Partnerships and Implementation Plan (limit 250 words):**

* Identify any key community partners and their roles. Include any business, community, or Space Station Explorers partners with whom the applicant will be working. Discuss the degree to which partnerships are utilized in implementing the plan for the Space Lab.
* Explain the implementation plan, including learning goals, cross-curricular involvement, and connections to careers in the space industry or other science, technology, engineering, and mathematics (STEM) careers to align with the Expedition Space Lab funding application evaluation criteria. Describe any curriculum support materials that will be developed for use with the Space Lab. Define the expected learner outcomes and impact.

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### **Budget Table and Narrative:**

* In the table below, provide a proposed budget describing how the funding requested will be used to implement the applicant’s Space Lab (see the accompanying example budget). Applicants may add lines to the budget table as needed. Pricing for items from Space Station Explorers partner programs can be obtained from their individual websites. To view all Space Station Explorers partner programs, visit [www.issnationallab.org/stem/educational-programs](http://www.issnationallab.org/stem/educational-programs).
* In the proposed budget, please also include any “in-kind” products or services that the applicant has received for their Space Lab and any free Space Station Explorers programs and resources the applicant plans to incorporate into their Space Lab.
* Please provide additional budget narrative for the following, if applicable **(limit 250 words)**.
  + Applicants receiving funds from any external sources to support their Space Lab should identify the organization(s) and funding amount(s).
  + Applicants requesting funds for professional development, a teacher stipend, or consumables should provide a brief budget justification.
  + Applicants requesting funds for professional development should provide the name of the conference or professional development and the location.
  + Applicants requesting funds for a teacher stipend should provide an estimate of the hours and additional duties that will be performed.
  + Applicants requesting funds for consumables should provide a brief overview of materials needed.

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Note: This budget estimate will be used for selection purposes only but should be as accurate as possible to justify how funds would be used if selected. Funds exceeding $10,000 will not be awarded, and the recipient will need to remain in budget or pay for excess costs out of their organization’s funds. CASIS reserves the right to ask for clarification of proposed budget items. A final report from the recipient including final expenses and surveys of participating students for testimonials will be required.

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| **Item** | **Cost** | **Quantity** | **Total Cost for Items** |
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| **Total Expenditures** |  |  |  |

### **Timeline:**

February 23, 2022: Application submission window opens

February 23, 2022: Informational webinar for applicants

April 30, 2022: Applications due

May 30, 2022: Recipient notified via email and/or video call (initial funds will be distributed summer 2022)

January 30, 2023: Final report due

I, (Insert name and title here), understand that my employee has applied for this funding opportunity and support their efforts in this endeavor. We, (insert name of organization here), are able to receive funding and follow through to ensure proper handling and distribution of funds in the event the main contact person leaves our organization.

Signature of Point of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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