

**Amateur Radio on the International Space Station (ARISS)**

***Education and Contact Proposal***

The ARISS-USA program opens proposal windows twice each year for applicants within the United States to submit their proposals. If accepted, these contacts will be scheduled 6-12 months in the future. You’ll find information about the current or next proposal window at <https://ariss-usa.org/hosting-an-ariss-contact-in-the-usa/>. Proposal Webinars to ask questions about the program will be offered prior to the submission deadline. Please check [**http://www.ariss-usa.org/**](about:blank)for updated dates and times.

**Privacy Policy:**

The information you provide will be used by ARISS member organizations only for its intended purpose. Submitting information is strictly voluntary. By doing so, you are giving ARISS your permission to use the information for the intended purpose. If you do not want to give ARISS permission to use your information, simply do not provide it. However, not providing certain information may result in ARISS’s inability to provide you with the information or services you desire.

**Discrimination Policy:**

The ARISS program does not discriminate on the basis of race, color, national origin, sex, disability, or age.

**Directions:**

Please read the ARISS Proposal Guide, and then fill out this proposal form to the best of your ability. You’ll find the proposal guide at:

<https://ariss-usa.org/wp-content/uploads/2021/09/2021-09-18-ARISS-Proposal-Guide.pdf>

Save your completed proposal form as a Microsoft Word document **using this file naming convention**: “Organization\_Name\_YYYY-MM-DD\_ARISS Proposal.docx” and email it to [education@ariss-usa.org](mailto:education@ariss-usa.org) along with your Letters of Commitment (see Section 5). If you have any questions or comments, please email.



**Section 1: Contact Information**

| **Name of School or Organization** | School/Organization Name:  Address:  City, State, Zip Code:  Web Site:  Telephone:  Email: |
| --- | --- |
| **Who is in charge of this school or organization?** | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Email: |
| **ARISS will be communicating with one key member for this contact. Who is the primary person in charge of this overall contact?**  *Must be authorized to represent the Organization and will submit the required ARISS Activity Report after the radio contact event, including details about student and audience participation, and related educational activities.* | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Mobile:  Email: |
| **Who are the main educators (formal or informal) in charge of carrying out this Education and Contact Proposal?** | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Mobile:  Email: |
| **Are you working closely with any other school or organization?**  *(optional)* | Organization Name:  Contact Name:  Title/Role:  Address:  City, State, Zip Code:  Daytime Telephone:  Mobile:  Email: |
| **Who will be helping with the internet and/or video aspect of this contact?** | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Mobile:  Email: |
| **Who will be submitting a letter detailing your plans for sharing your contact with the public?**  *Will coordinate publicity and outreach to local media, reaching beyond postings on school, group, or social media web sites alone. Responsible for obtaining ARISS Talent Release forms, high-resolution photos, and any other media documentation of educational activities, including providing the ISS interview to the ARISS program.* | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Mobile:  Email: |
| **Local Amateur Radio Club  Main Point of Contact**  *If identified at time of proposal, this person will coordinate support from the local amateur radio community.* | Name and Call Sign:  Address:  City, State, Zip Code:  Daytime Telephone:  Mobile:  Email: |
| **Additional Point of Contact**  *(optional)*  *List anyone else from the educational or amateur radio community involved in leading the execution of this proposed plan.* | Name:  Address:  City, State, Zip Code:  Daytime Telephone:  Mobile:  Email: |
| **Have you attended the ARRL Teacher Institute (TI)? Would you like more information?** | \_\_ Yes: Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_ No  \_\_ Please send more information about ARRL TI to this email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How did you hear about the ARISS program?** |  |
| **Names of organizations/persons submitting commitment letters (See Section 6)** |  |
| **Please list the primary person who filled out this proposal** | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Mobile:  Email: |

**Section 2: Scheduling Considerations for ARISS Contact**

1. If your organization is selected for an ARISS contact, are there any dates during the proposed cycle that your organization cannot support? **Type below the weeks, days, and times of day that you cannot support.** List all vacation days, school holidays, testing days, etc. Provide a school or facility calendar if available. *Please note that the more flexible your organization is, the more likely we will be able to schedule a contact.*

2. Please provide any preferred time for the event to be held. If planning around a specific event, please clearly state any specific day(s) or week(s) desired.

3. Please provide your time zone.

4. At this point, would you prefer a Direct or Telebridge configuration for your contact?For example, are there time constraints related to a specific event on a particular day, or any physical limitations at your location that would make a direct contact difficult to schedule? In such a case, a telebridge contact would be your best choice. If you have already determined your preference, please indicate your choice below, deleting all other choices that do not apply. If you don’t yet know how to assess your preference without further guidance, please indicate “unsure.” **Note:** *Due to the nature of the program, we cannot guarantee a particular request.*

Prefer Direct Contact

Prefer Telebridge Contact

Either

Unsure

**Section 3: Education Plan**

***In the following sections, please include as much detail and information as you feel appropriate within prescribed word limits. We will not review information that exceeds given word limits. NOTE: Microsoft Word allows you to select a section of text and perform a Word Count using the Tools menu. (Word count programs differ in Mac OS and Windows programs.)***

**1a.** Please indicate the terms that best describe your school or organization, and delete those terms that do not apply:

Urban

Rural

Suburban

Public school

Charter school

Private school

Parochial school

Museum

Library

Other organization type (please explain)

**1 b.** Describe the student population (i.e., demographics) involved in your education plan and audience that will be present for the ARISS radio contact event. If students from another school or organization are involved in your education plan, or in the radio contact audience, include their specific demographics, as well. Demographics should include age, education level, ethnicity, and native languages. Please give the percentage of socio-economically disadvantaged students and/or the percentage of students receiving reduced-price lunch if applicable. Include the estimated number people you expect to be physically present at the contact. Additionally, if you have previously hosted an ARISS contact, describe how you will reach a different audience with this new proposal. *Limit 250 words.*

**2.** Explain why your organization wants to host an ARISS radio contact and how an ARISS radio contact will enhance the educational objectives of your organization. Specifically, describe how your organization will use the ARISS radio contact to support local STEM (Science, Technology, Engineering, and Math) goals and objectives. *Limit of 350 words.*

**3.** Describe any community partnerships that will assist you in your proposed ARISS radio contact, detailing specific supporting activities. List any local amateur radio organizations or clubs that will support your contact and be involved in your educational plan. What other educational organizations or community member resources will join with you in your plan’s implementation? Describe how these organizations will support your educational plan. **Note:** Be sure to name the specific contact person for each entity or organization. Please include Letters of Commitment from each named organization to accompany your proposal as requested below in Section 5. *Limit of 350 words.*

**4 a.** Describe all relevant STEM topics in your curriculum, telling how you would integrate each across your organization in preparation for the ARISS contact. Include all hands-on preparatory learning activities to target and engage students at different grade levels, both before and after the ISS radio contact. Detail your plans to incorporate amateur radio content as well as NASA or other educational resources within your organization. Include your plans directly leading up to and after your contact. Use bullets or paragraphs. (For more information, refer to the Addendum to the Proposal Guide.)

**4 b.** Describe your plan and how you will develop your radio contact interview questions for the ISS crew member. Include how will you select the students who will ask the questions. *Limit of 350 words.*

**5.** Describe how you will organize the internal logistics of your proposed ARISS radio contact, including your location and transportation details (if needed). Describe how you will have supporting audio, video, and Internet technology in place. ***Note: Details about the actual radio station equipment supporting your contact is not needed******here. You will provide that information later****.* *Limit of 350 words*.

**6.** Talking with an astronaut is a live experiment. Consider this scenario*: Four days before the date of your scheduled contact, an ISS event occurs, meaning that the originally scheduled date will not be possible. You are offered an alternate contact time a week later.* How will you adjust your plans and work to get all students, parents, and media on site? *Limit of 250 words.*

**7.** Describe your organization’s plans to evaluate the educational and STEM impact of the ARISS radio contact upon students. This could include any culminating activity such as a final project, an essay, a performance, artwork, portfolio, etc. (*Limit of 350 words.)*

**Section 4: Sample Timeline Day of ARISS Radio Contact**

Create a sample internal-use schedule that outlines the day of the ARISS radio contact for your staff members. This sample schedule would be used only for internal coordination and planning and is not intended for public distribution to the ARISS radio contact audience. It should include plans for student transportation, audio/video/Internet setup, contacting local media, amateur radio team coordination, and other activities, etc. For this sample document, assume your ARISS radio contact is scheduled from 11:15 am – 11:25 am. (Note: Your sample schedule is intended to show that you have thoroughly considered the entire contact process. It is not an actual commitment.) *Limit of 550 words.*

**Section 5: Media Plan**

Provide a letter of support from your organizational media coordinator, indicating your plans to promote the ARISS contact.

**Section 6: Letters of Commitment**

Provide signed Letters of Commitment from **each participating organization named in your education plan**; include **signatures of lead administrators of all organizations including your own**. (See Section 1). Address all letters to ARISS-USA Education Committee, scanned and submitted electronically together with this proposal via email to [**education@ariss-usa.org**](mailto:education@ariss-usa.org) **.**