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

**Contact Proposal**

The ARISS US program opens proposal windows for applicants from the US twice each year, to accept proposals for contacts to be scheduled 6-12 months in the future. You’ll find information about the current or next proposal window at <http://www.ariss.org/submit-a-contact-proposal.html>. Proposal Webinars are being offered in order for you to ask questions about the program and a proposal. Visit ariss.org for 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.

**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 <http://www.ariss.org/hosting-an-ariss-contact-in-the-us.html> . Save your completed proposal form as a Microsoft Word document and use this file naming convention: Organization, YYYY-MM-DD, ARISS Proposal

When completed, please email your proposal to ARISS at [ariss.us.education@gmail.com](mailto:ariss.us.education@gmail.com).

If you have any questions or comments on this form, please email us at [ariss.us.education@gmail.com](mailto:ariss.us.education@gmail.com).

This proposal is being submitted for the Contact Window of

**July 1, 2019 – December 31, 2019**

**This proposal is due to ARISS by November 15, 2018   
at 11:59 PM Pacific Time.**

**Section 1: Contact Information**

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| **Educational Host Organization** | Organization Name:  Address:  City, State, Zip Code:  Web site: |
| **Organization Chief Administrator**  *Will receive copies of certain key ARISS correspondence* | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Email: |
| **Organization Main Point of Contact**  *Main POC must be authorized to represent the organization* | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Mobile:  Email: |
| **Organization Technical Point of Contact**  *Technical POC will coordinate audio/video/Internet technology for the event* | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Mobile:  Email:  Email: |
| **Media Coordinator**  *Media POC will coordinate publicity, outreach to local media—not just postings on school or group web sites and social media-- and be responsible for obtaining Talent Releases and high resolution*  *.photos and any other media documentation of the educational activities and ISS interview to provide to the ARISS program* | Name:  Title/Role:  Address:  City, State, Zip Code:  Work Telephone:  Mobile:  Email: |
| **Partner Organization Main Point of Contact** *(if applicable)*  *Main POC from another school or educational organization in partnership to host the ARISS contact. Example: a science museum partnering with a local school that will provide the students who will be participating.* | Organization Name:  POC Name:  Title/Role:  Address:  City, State, Zip Code:  Daytime Telephone:  Mobile:  Email:  Email:  Emaill  Work Fax:  Email: |
| **Local Amateur Radio Club Point of Contact**  *If identified at time of proposal; this person will coordinate support being provided by local amateur radio community* | Name and Call Sign:  Address:  City, State, Zip Code:  Daytime Telephone:  Mobile:  Email: |
| **Additional Point of Contact**  *(optional)*  *Anyone else from the educational community or ham radio community who will be involved in leading the execution of this proposed plan* | Name:  Address:  City, State, Zip Code:  Daytime Telephone:  Mobile:  Email: |

**Please tell us**: How did you hear about the ARISS program?

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

1. If selected, are there any dates during the proposed cycle that your organization cannot support? List vacation days, school holidays, testing days. **\*\*\*Type the weeks, days of week, times of day that you cannot support.** Providing a school of facility calendar would be helpful.

*Please note that these exclusion zones will make it more difficult to get a contact scheduled for your organization.*

2. Please provide any preferred time for the event to be held. If you are planning around a specific event occurring on a specific day(s) or week(s), state that clearly.

3. Please provide your time zone.

**Note:** *Due to the nature of the program, nothing can be guaranteed.*

4. At this point do you have a preference for a Direct or a Telebridge configuration for your contact?

For example, there may be known constraints at your location or constraints related to a specific event on a particular day and time that would make a Direct contact difficult to schedule and would indicate a Telebridge contact would be your best choice. If you have already determined your preference, please indicate that here. If you don’t have a preference, please check the box for “either.” If you don’t yet know how to assess your preference without further guidance, please check the box for “unsure.”

Prefer direct Prefer telebridge Either Unsure

**Section 3: Education Plan**

***For the following items, please include as much detail and information as you feel is appropriate within the prescribed word limits. Text boxes will expand as needed. We will not review information that exceeds the prescribed response limit. NOTE: Microsoft Word allows you to select a section of text and perform a Word Count using the Tools menu (versions differ between Mac OS and Windows environments).***

Provide information on your organization, its purpose, educational objectives and the population it serves. Include demographics of the student population of your organization.

1a. Our school/organization is (check all that apply):





















1 b. Describe the student population (demographics) that will be engaged in your education plan and the audience that will be present for the ARISS radio contact event. If students from another school/organization are to be involved in your education plan and/or in the audience for the radio contact, include demographics of that student population, also. Include these demographic descriptors: age level, education level, ethnicity and native languages, % receiving reduced price lunch, % of socio-economically disadvantaged.If you have previously hosted an ARISS contact, describe how you will reach a different audience with this new proposal. *Limit 250 words.*

1 c. Describe your school/organization’s purpose and its educational objectives/mission statement. *Limit 250 words*

2. Explain why your organization wants to host an ARISS radio contact, 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 be part of the ARISS radio contact and surrounding activities. Specifically, list any local amateur radio organizations that will be supporting your contact and/or that will be involved in your educational plan, as well as any other educational organizations or other community resources that will be involved in carrying out your educational plan. Describe how these organizations have committed to be part of or will support your educational plan. **Note:** Be sure to name the point of contact for these organizations in Section 1 and obtain letters of commitment from the named organizations to accompany your proposal as requested in Section 5. *Limit of 350 words.*

4 a. Describe your year-long STEM curricular topics and some of the hands-on preparatory learning activities to be engaged with students at different grade levels leading up to and after the radio contact with the ISS. Review the resources listed in the Addendum to the Proposal Guide and describe how you plan to incorporate NASA and amateur radio content and some of these or other education resources into your education plan. *Limit of 1200 words*

4. b. Describe activities planned for the weeks and days leading up to and after the ARISS radio contact. *Limit 500 words.*

4 c. Describe how the radio contact interview questions will be developed and how you will select the students who will ask the questions of the ISS crewmember. *Limit of 350 words.*

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

6. Provide information on your organization’s plan to secure your target audience in case there is a shift in dates and/or times (i.e. a “Plan B”). *Limit of 250 words.* Consider this scenario*: Four days before the date that has been scheduled for your contact, an ISS event occurs that means the contact will not be possible at the time previously scheduled. You are offered an alternate contact time a week later. How will you adjust and work to get all students, parents, media on site?*

7 a. Describe your organization’s plans to evaluate the educational and STEM impact of the ARISS radio contact on students. How will you determine if the event has influenced the students’ learning, and/or their new attitudes toward future studies and learning and amateur radio, and/or students’ new thoughts about STEM careers? *Limit of 350 words.*

7 b. Also, please provide the name and email address for the person(s) in your organization who will be responsible for completing the **ARISS Activity Report**, which requires information about the student and audience participation in the radio contact event and related educational activities.

**\*\*\*\*Type the name of your ARISS Activity Report Point Of Contact and the person’s email address:**

**Section 4: Media Plan**

Describe your media/promotion plan to engage your community through contacting the news media. (Please refer to the suggestions in the Proposal Guide.) Be specific. *Limit of 350 words*.

**Section 5: Letters of Commitment**

Provide signed letters of commitment from **each participating organization named in your education plan**; include signatures of lead administrators of the organizations. (see Section 1). Signed letters from participating amateur radio clubs are encouraged at the time of the proposal submittal, but **must** be submitted no later than at the time of the equipment plan submittal. All letters are to be scanned and submitted electronically and should be addressed to ARISS US Selection Committee at [ariss.us.education@gmail.com](mailto:ariss@arrl.org).

**Section 6: 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 for your internal coordination and planning (transportation of students, audio/video/Internet setup, contacting local media, coordination with amateur radio team, activities, etc.) and is not intended to be the program distributed to the ARISS radio contact audience. 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 thought through the contact process. It is not a commitment.) *Limit of 550 words.*