**COVID 19 Census of NASA Grantees – Instructions to Instructions to Interviewers, Script and Questions**

Instructions to Interviewer

Project Manager/scribe to fill out before the start of the interview.

Grant Program (select one)

* Space Grant
* MUREP
* EPSCoR
* NextGen STEM

State/Jurisdiction:

Enter the two-letter abbreviation for the location of the grantee: (Text Box)

Participant Information

* Interviewee Name:
* Interviewee Email
* Interviewee Phone Number
* Interviewer Name:
* Scribe Name(s):

Date of Interview – MM/DD/YR (this will be captured by the system)

------------------------------------------

Interviewer Script Begins Here (all script shown in *italics* for clarity and the actual questions are **bolded**)

*We appreciate your time and wanted to hear directly from each Awardee to better understand what is occurring at the ground-level. Given the continued challenges with COVID 19, we anticipate checking back in with you monthly to verify and update this information.*

Interview Instructions -- Program Manager to read the following to the interviewee.

*Paperwork Reduction Act Statement***:**

*This information collection meets the requirements of 44 U.S.C 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we tell you the Office of Management and Budget control number. The OMB control number for this information collection is 2700- <****insert last 4 digits****> and it expires <****insert******6 months from the approval of this survey>****. We estimate the June data call will take 30 minutes, but subsequent monthly updates should only take 15 minutes. You may send comments on our time estimate above*  [hq-stem-engagement@mail.nasa.gov](mailto:hq-stem-engagement@mail.nasa.gov).

**Privacy Act Statement**

*The Privacy Act of 1974 requires NASA to provide notice on how your information will be used. The National Aeronautics and Space Act of 1958 § 403(a)(b), 42 U.S.C. § 2473 (c)(1), as amended allows us to collect the information we ask for on this form. We may disclose information as necessary to NASA personnel, contractors, and partners to administer the NASA Education programs. We may disclose information to partnering informal or formal education institutions with whom you are affiliated. Finally, we may disclose information to NASA administrators and managers, Office of Management and Budget (OMB) officials, and members of Congress for the purposes of accountability and tracking of program and project efficiency and effectiveness.*

*Given the current COVID 19 situation, as part of this interview, you may be asked to provide additional information about how to best contact you for these monthly interviews. This information is collected consistent with NASA’s Privacy Act responsibilities and the privacy statement just read to you. This first set of questions deal with you and your team personally.*

1. **How are you doing today? ​ <text box>**
2. **Understanding many folks are balancing work and family life, do we have the best contact information to reach you? y/n**

**If not, can we get some additional information to connect with you, post this initial interview?**

|  |  |  |
| --- | --- | --- |
| **email** | **Phone number** | **Additional comments** |

*We would like to understand your current environment with respect to COVID-19.*

1. **Is your state and/or locality beginning to re-open?  y/n​**
   1. **If yes, are there any restrictions in your immediate area? y/n**
   2. **If no, when do you expect the re-open process to begin [Text]**

**(for both questions) please describe​**

1. **Are you and your team currently​ (check all that apply)**

* **Working remotely​**
* **Working onsite and remotely​**
* **Working onsite​**
* **Working part-time**
* **Not working​**
* **Other (please describe**) ​

*NASA has been asked to keep track of personal protective equipment (PPE) or materials paid for by agency funds by awardee*.

1. **Have you purchased and/or donated any PPE or related materials [for COVID-19 response]? Y/n​/not sure**

**If yes, please provide information regarding the dollar amount and the type of materials or equipment. ​**

|  |  |
| --- | --- |
| **Dollar Amount (in thousands)** | **Description** |

**If yes, are there plans to continue this in the future?  Please describe. ​**

*We would like to understand the impact of COVID-19 on the current state or local restrictions to your award and associated deliverables.*

1. **How would you characterize the work activity impact under COVID-19 for your current award?**
   * **Significantly impacted**
   * **Moderately impacted**
   * **Little to no impact to current deliverables**
   * **Not Sure**

**Optional Comments:**

1. **Do you envision that COVID-19 will have an impact on (select all that apply)?**
   * **Summer 2020 Activities**
   * **Fall 2020 Activities**
   * **Spring 2021 Activities**
   * **Not Sure**

**Optional Comments:**

1. **Have you found it necessary to re-program funds, due to COVID-19? Y/N/Not Sure**

**If Yes – Briefly describe the circumstances**

**Note approximately how much money has been reprogrammed to date**

1. **As of today, are there major activities (or milestones) that have been cancelled or moved to a later date for the current and/or new award? Y/N/Not Sure**

**If Yes, for each major activity/milestone provide as much of the following information as possible:**

**Activity/Milestone/Deliverable Name:**

**Implementing Partner Name:**

**Original Planned Date:**

**New Date Projected (or note if cancelled):**

**Any Financial Impact (specifically reprogramming of funds):**

**Comments:**

1. **Is there a COVID-19 related impact to one or more of the domestic partners working with you to execute the work activity of your current award? Y/n/not sure or not aware**

**If yes, please list domestic partner(s) and describe impact, especially with respect to deliverables.**

1. **Is there a COVID-related impact to one or more of the international partners working with you to execute the work activity of your current award? Y/n/not sure or not aware**

**If yes, please list international partner(s) and describe impact, especially with respect to deliverables.**

1. **NASA recognizes in many cases funds were provided for items which may not be able to be used as planned or in the timeframe initially discussed in award. Have you incurred any non-refundable expenses such as the following (insert all $ in thousands)? ​Y/N/Not Sure**

* **Vendor(s) fee(s)**
* **Conferences/Symposiums ​**
* **Activities Scheduled ​**
* **Deposits (add a text box for details) ​**
* **Additional supplies or materials purchased to sustain work such as office supplies, software, computers, printers, etc.) ​**
* **Time-Sensitive Resources/Materials <describe what was purchase as a text box>**
* **Other: Please specify type and amount**

1. **What are the estimated additional NOA in FY 2020 (if any) (insert number in thousands)?**
2. **What are the estimated COVID-19 related costs in FY 2020 (insert number is thousands)?**
3. **What are the estimated COVID-related costs in FY 2021 (Insert $ in thousands)?**
4. **What are the anticipated restart issues (including potential cost impacts beyond FY 2021).**

|  |  |
| --- | --- |
| **Dollars in thousands** | **Additional comments** |

*This next set of questions discuss future operations in your area.  We understand this information is subject to change.*

1. **Have you been provided with any information on how the lead institution will operate for Fall 2020?   ​**

**​**

**• If no, has a date for additional information been provided? ​**

**• If yes, please describe. ​**

1. **Have you been provided with any information on how affiliates will operate for Fall 2020? ​**

**• If no, has a date for additional information been provided? ​**

**• If yes, please describe?**

1. **We understand this is a stressful time and you may be responding to many data requests from both your organization and Federal agencies tied to COVID. Is there a way we can make this reporting easer for you?**
2. **We appreciate your time. Is there anything else you would like to share before we close out this call?**

<End of Interview>

Additional Instructions for Interviewers

Total COVID cost impact will be calculated from survey results and stored in the database.

Overall Rating of Severity of Impact – Rating Scales to be completed by interviewer post the interview for a qualitative snapshot of each awardee:

For each of the following categories, rate the severity of the impact of COVID-19 based on the interview data. This is a subjective rating to quantify the qualitative data gleaned throughout the interview. There is a comment field you can use to make notes about your ratings.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **No Impact** | **Minimal Impact** | **Moderate Impact** | **Significant Impact** | **Unsure** | **N/A or Unknown** |
| Milestone Impact |  |  |  |  |  |  |
| Deliverable Impact |  |  |  |  |  |  |
| Activity Impact |  |  |  |  |  |  |
| Non-refundable Expenses |  |  |  |  |  |  |
| Funds Reprogramming |  |  |  |  |  |  |
| Overall Associated COVID-19 Related Costs |  |  |  |  |  |  |
| Partner-Related Impact |  |  |  |  |  |  |
| Impact to Students |  |  |  |  |  |  |
| Impact to Faculty |  |  |  |  |  |  |
| Impact to Research |  |  |  |  |  |  |
| Impact to Lead Institution |  |  |  |  |  |  |
| Impact to Consortium (SG Only) |  |  |  |  |  |  |

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