

**STEM BEST® Program Application**  
**STEM BEST (2019-20)**

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**Lead School Type (Public or Private):**

**City:**

**Project Lead First Name:**

**Project Lead Last Name:**

**Project Lead School District:**

**Project Lead Title:**

**Project Lead School Address:**

**Project Lead School Address 2:**

**Zip Code:**

**Applicant STEM Region:**

**County:**

**Project Lead Phone Number (with area code):**

**Project Lead School Email:**

**School Fiscal Agent/Business Manager First Name:**

**School Fiscal Agent/Business Manager Last Name:**

**School Fiscal Agent/Business Manager Phone Number:**

**School Fiscal Agent/Business Manager Email Address:**

**Communication Manager First Name:**

**Communication Manager Last Name:**

**Communication Manager Phone Number:**

**Communication Manager Email Address:**

**Participating School Information:**

## **School District 1 Information:**

**Who are your intended participants?**

Grade Levels:

**Executive Summary: In 500 words or less, outline major partners, broad goals/strategies, and student populations to be sponsored through the BEST program:**

**1. Was your school district/organization previously awarded a STEM BEST® grant?**

**2. Estimated number of youth who will participate**

**3. Based on the estimated number of youth participating, what percentage of youth do you anticipate receive free/reduced lunch? (round to nearest whole number) (please refer to <http://reports.educateiowa.gov/> for guidance of free/reduced lunch by Iowa Schools. Any questions about this report, please email them to [info@iowastem.gov](mailto:info@iowastem.gov))**

**4. Based on the estimated number of youth participating, what percentage of students do you anticipate will be female? (round to nearest whole number)**

**5. Based on the estimated number of youth participating, what percentage of students do you anticipate will be non-white? (round to nearest whole number)**

**6. How will the proposed project prepare students for future work based learning experiences, including college and career programs of many levels and types: [https://www.educateiowa.gov/sites/files/ed/documents/Iowa Work-based learning guide final.pdf](https://www.educateiowa.gov/sites/files/ed/documents/Iowa%20Work-based%20learning%20guide%20final.pdf)**

7. Describe the STEM BEST® alignment to district goals and improvement efforts including integration across curriculum (i.e. Humanity, Arts, etc).

8. Describe strategies for inclusion of underrepresented groups in STEM (females, ethnic/racial minorities, students with disabilities, first generation college students).

[https://www.educateiowa.gov/sites/files/ed/documents/WIOA Barriers to Employment - Definitions.pdf](https://www.educateiowa.gov/sites/files/ed/documents/WIOA_Barriers_to_Employment_-_Definitions.pdf)

9. Provide the contact information of your community partners below. All partners listed will receive an email to describe their partnership with your project.

#### Community Partner 1 Information

Org Name 1 Name:

First Name:

Last Name:

Partner Email:

Description of their Involvement:

10. Professional development (PD) must include both business partner support in working with youth as well as educator support in linking industry needs to program content. Programs that engage educators in industry-based learning opportunities allow them to experience a different type of workplace and provide opportunities to integrate real-world problems into the coursework. To enhance PD, interdisciplinary teams, including business and education professionals, should work together to embed industry experiences and best practices into curriculum. Describe how your program will meet these professional development expectations.

**11. Financial Model: Describe below how your project will expend the STEM BEST® grant and meet the 1:1 cost share requirement during the award period of October through June.**

<b>Contract Expenditures by Budget Category (per STEM BEST® application)</b>	<b>Grant</b>	<b>Cost Share</b>
Curriculum Development	\$0.00	\$0.00
Grant Description:		
Cost Share Description:		
Site Visits: travel expenses to visit one or more exemplary BEST model(s) to benchmark and research key attributes	\$0.00	\$0.00
Grant Description:		
Cost Share Description:		
Iowa STEM BEST® Convening or Similar Related Conferences/Events	\$0.00	\$0.00
Grant Description:		
Cost Share Description:		
Needs Assessment	\$0.00	\$0.00
Grant Description:		
Cost Share Description:		
Facility Development, Technology, Liability and Insurance Consultations	\$0.00	\$0.00
Grant Description:		
Cost Share Description:		
Professional Development (PD) for STEM Educators and Partners	\$0.00	\$0.00
Grant Description:		
Cost Share Description:		
Coordinator and Business Development Support: project coordinator and/or staffing	\$0.00	\$0.00
Grant Description:		
Cost Share Description:		
Other costs not specified above	\$0.00	\$0.00
Grant Description:		
Cost Share Description:		
<b>Total Expenditures</b>	<b>\$0.00</b>	<b>\$0.00</b>

**12. Detail the continuation of the program beyond the grant period including leadership/personnel, financial considerations and space to operate.**

**13. Describe how students will be served short-term and long-term and benchmarks you will set to improve future programming.**

**14. List possible strategies for promoting the model to other partners in Iowa. Detail how you will advocate for the program and strategies you will use to disseminate the information.**

**15. List possible strategies for promoting the model within your community. Detail how you will advocate for the program and strategies you will use to disseminate the information.**

**16. Describe how the program will collect observational and qualitative data (e.g., through site visits, classroom observations, administrator and faculty interviews, student and parent focus groups, partner testimonials, etc.) and quantitative data (e.g., grades, test scores, numeric surveys, etc.). Please note that STEM BEST awardees will be required to provide two years of follow-up reporting to the Iowa Governor's STEM Advisory Council.**

**Additional Comments (In this area, please share with us any special circumstances or information specific to your organization that would be pertinent for us to consider):**