

2016 STEM EQUIPMENT AND SUPPLIES GRANT PROGRAM FOR HIGH SCHOOLS

School/Organization Information

Applicant Name (School/Organization):

Applicant City/Town:

Applicant Category: [select one]

- Vocational technical high school or high school w/ Ch. 74 Program
- Public High School in “Gateway City” (if not voc-tech)
- Economically Disadvantaged public high school (not in a “Gateway City”)
- Non-profit organization serving high school students

If Applicable, Name(s) of Co-Applicants:

Name of Grant Contact:

Title:

E-mail:

Telephone:

Matching Sponsor Information

NOTE: *Only complete this section if you are requesting funding over \$100,000 and are receiving matching funds from an industry sponsor. All other industry/academic partnerships should be identified in the application narrative.*

Name of Industry Sponsor:

Industry Sponsor City/Town:

Name of Industry Sponsor Representative:

Title:

E-mail:

Telephone:

Proposal for Equipment and Supplies

Provide a brief (3-5 sentences) summary of your proposal and its value proposition:

Upload a concise narrative describing the equipment and/or supplies being requested and how they will be used to enhance life science education and training. Applicants must:

- Demonstrate a sufficient need for the requested equipment and/or supplies and describe the value it would bring to delivering quality instruction and preparing students for placement in jobs within the life sciences sector.
- Explain how the requested equipment and supplies would enable the school to provide curriculum, instruction, and student learning experiences that promote the 2016 Massachusetts Science & Technology/Engineering (STE) Standards.
- Describe the curriculum, or plans to implement a new curriculum, that will utilize equipment and supplies and meet the needs of the life sciences industry.
- Describe of any partnerships or industry advisors associated with the training, including how the industry sponsor(s) will collaborate in the development and implementation of the training curriculum, including any adaptation to meet industry needs and to ensure that the instruction (and equipment used) remains current and relevant.
- If applicable, describe of any internship program or internship opportunities that are available to students that participate in the training.
- Describe current (or planned) approaches and methods to evaluate the success of the training program, including measurement (to the extent possible) of the following outcomes: number of students entering and completing the training program, numbers of graduates, areas of certification/degree achieved as a result of training, placement in jobs within the life sciences sector by position, and amount of other funds raised or leveraged.

This narrative must be uploaded in PDF format and be 5-7 pages in length. Please do not upload multiple PDFs.

Team and Qualifications

Provide a description of the project team and their qualifications, including:

- Identification of faculty and/or staff who will be involved in using the equipment and supplies
- Qualifications, experience and expertise of such individuals (faculty, instructors, administrative staff, etc.)

This description must be uploaded in PDF format and must not be more than 2 pages in length. Please do not upload CVs or resumes.

Proposal for Professional Development

Based upon the equipment requested in your application, identify and describe teacher professional development training(s) that are needed to effectively integrate the requested equipment into classroom activities by responding to each item below.

For each proposed training, applicants must:

- Describe of the goal of the professional development program and explain how the training relates to the equipment requested in the proposal. A sufficient need for the training must be demonstrated.

Example: The goal of the proposed training is to ensure the faculty has the expertise and confidence to use the new equipment (gel electrophoresis and thermocycler), and the lab curricula that will allow students to identify their own genotypes and test food items for the presence of genetically modified DNA. The participants will review the use of the equipment, learn what and where to order materials and consumable needed to implement the activities and how to effectively prepare needed solutions and reagents, determine when and how the activities can be integrated into various classes to support the learning goals, and perform all steps of the lab activities.

- List the organization(s) offering the teacher training program and indicate if the organization is a registered professional development provider.
- Provide the title and the content as listed by the provider, as well as the location and duration of the training.
- Identify faculty and/or staff who will participate in the training and indicate if this training will occur during the school day or if outside of the school day how will teachers be compensated for their time.
- Indicate whether the attendees will receive professional development or graduate credit for the training and, if so, list the number of points or credits.

This description must be uploaded in PDF format and must not be more than 2 pages in length.

Professional Development Budget:

Present an itemized budget detailing all costs associated with the training, including both the total cost of the training as well as the total amount requested from MLSC (which cannot exceed \$10,000 per applicant), if different.

Allowable costs:

- Training programs including the cost of instructor, supplies, and lab consumables.
- Online professional development.
- Teacher stipends
- Travel costs for participating teachers.

This budget must be uploaded in PDF format and must not be more than 1 page in length.

Professional Development Amount Requested: \$ _____

Equipment Budget

Upload an itemized budget detailing the equipment and supplies requested, their associated costs, and if applicable, the anticipated matching cash or value of donated equipment from the industry sponsor. No funds will be approved to support the purchase of items deemed to be ineligible by MLSC, including any indirect costs, fees, or any costs associated with equipment maintenance.

The MLSC will provide reimbursement of up to \$100,000 (or up to \$250,000 with matching funds) per awardee for allowable costs incurred in either Fiscal Year 2017 or Fiscal Year 2018.

This budget should be submitted in PDF format and must not be more than 2 pages in length. Please do not upload detailed vendor quotes for individual items.

Equipment/Supplies Amount Requested: \$ _____

Fiscal Year Preference for Equipment/Supplies: [select one]

- Fiscal Year 2017 (ending June 30, 2017)
- Fiscal Year 2018 (July 1, 2017 – June 30, 2018)

Note that the MLSC will make a final determination as to which fiscal year the requested funds will be made available.

Signature

Authorized Signature and Acceptance of Applicant:

I verify that I am authorized to commit my organization and to make this application on behalf of the organization. I certify that the above information is correct and that the statements made herein, including all attachments and exhibits, are true and correct to the best of my knowledge. The submission of false information to the Center is subject to prosecution under the False Claims Law at M.G.L. c. 12, sections 5A – 5O.

I understand that this Application may be disqualified if it does not contain all required information or if the Applicant does not meet the eligibility criteria required under the Program, and I further acknowledge and agree that the Agreement shall be executed in substantially the form provided in the Solicitation.

I specifically acknowledge that all of the terms and conditions of the Solicitation are mandatory.

On behalf of the applicant, I understand and acknowledge that all materials submitted as part of this application are subject to disclosure under the Massachusetts Public Records Law. Furthermore, I understand and acknowledge that I have followed the procedures set forth in Section 7.1 of the Solicitation for any documents that I believe may be proprietary in nature and that may fall within the parameters of the MLSC's Trade Secrets Exemption; and that the MLSC's receipt of such documents does not represent a finding by MLSC or the Supervisor of Public Records that such documents fall within the Trade Secrets Exemption.

I acknowledge and agree that the MLSC has sole discretion to determine which applicants receive benefits under the Program.

I have read and agree to the terms and conditions of applying to the Program.

You must agree to the terms and conditions to submit this application. Please type your full name and title below, which shall constitute your electronic signature of this application.

Name of Authorized Representative: _____

Title: _____