

## **Partnership Grant Application**

### THIS FORM MUST BE COMPLETED ONLINE

The Mission of the Minnesota STEM Ecosystem is to close the STEM learning and workforce opportunity gap for all of Minnesota's learners! The STEM Ecosystem brings together Industry, K12 Education, Higher Education, and Out-of-School STEM Learning Programs to align formal and informal STEM education with workforce needs, expand access to high-quality programming, and drive innovation and workforce development through regional and statewide collaboration.

To strengthen Minnesota's statewide STEM learning infrastructure, priority will be given to applications that result in shared, scalable resources. Programs and projects that demonstrate the potential to benefit multiple organizations, build capacity and generate tools, models, or outcomes that can be adapted or adopted by others in the STEM Ecosystem are highly encouraged.

#### **General Eligibility Requirements for Applicants**

- Registered as 501c3 nonprofit organization and/or identify as a Local Education Agency (LEA) and be in good standing with the IRS and Minnesota Secretary of State.
- Demonstrate experience in delivering STEM-related programming aligned with workforce development, youth engagement, and/or educator support.
- Reside in Minnesota and serve communities within Minnesota, with priority given to proposals that support rural and under resourced populations in STEM.
- Attend quarterly MN STEM Community of Practice meetings.
- Submit interim, quarterly progress reports, including participation data.
- Submit monthly financial reporting for reimbursement [this may include providing financial proofs including capacity/staffing time reports if part of the grant].

### **Required Attachments**

- 501c3 Letter of Determination
- Organizational Bylaws/Financial Policies
- Liability Insurance Certificate
- · Code of Conduct for Youth
- · Conflict of Interest Policy

Please be advised, this grant portal will close on November 24, 2025 at 4:00 pm CST. There will be no extensions or exceptions made, please plan accordingly.

### Section 1: General Information



First and Last Name *
Name of Organization or School *
THE FORM MUST BE COMPLETED ON THE
THIS FORM MUST BE COMPLETED ONLINE Organization Address
Federal EIN Number *
Tederal Life Number
Your Role/Title *
Email *
Phone *
Service Area/Region (Check all that apply): *
Northwest Minnesota
<ul><li>□ Northeast Minnesota</li><li>□ Central Minnesota</li></ul>
Southwest Minnesota
□ Southeast Minnesota
☐ Twin Cities Metro
Proposal Title *
•
Amount Degreeted *
Amount Requested *

**Proposed Program Start Date \*** 



Day	Year

Propo	osed	Progran	m End Date	Å
Month	Dav	_ ∟ Year		

# **Section 2: Organizational Overview**

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Mission and Vision. Briefly describe your organization's mission and vision, particularly as it relates to youth development, STEM learning, and workforce readiness. (Limit 1500 characters) $\star$	
0/1500	
Organizational Capacity & Experience. Describe your experience delivering STEM programming, workforce-aligned STEM education, educator pedagogy or related services. Highlight partnerships with schools, industries, or community organizations. (Limit 1500 characters). *	
0/1500	

# **Section 3: Program or Project Overview**

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Summary of Proposed Program or Project. Provide a high-level summary of your proposed



	t, including the primary goals, key milestones, events, measurable objectives anizations. (Limit 3000 characters) *
0/3000	
areas: STEM C Learning Progr	ur project aligns with one or more of the Minnesota STEM Ecosystem's priority areer Exploration, STEM Internships, Robotics, Drones, VR and STEM Skilled ams, AI/CS Educator Pedagogy and Professional Development, and/or Educateships. (Limit 500 characters) *
0/500	
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makes your wo education or w	cribe the innovative aspects of your program, project, or approach. What rk unique, forward-thinking, or responsive to emerging needs in STEM orkforce development? Explain how your approach differs from existing ow it has the potential to create meaningful change. (Limit 1000 characters)
0/1000	
lf youth, descri number of part	ved. Please specify who your project or program serves: youth, educators, etc be the youth population you intend to serve, including grade levels or ages, cipants, and any focus on under resourced groups. Highlight how your project s to opportunities in STEM learning. (Limit 1000 characters) *
-	

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0/1000

# Section 4: Program or Project Design and Implementation

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Staffing & Roles. Identify key personnel and their roles in program delivery. Include brief descriptions of qualifications. (Limit 1500 characters) *
0/1500
Collaboration & Partnerships. Detail any partner organizations involved and their role(s) in implementation. (Limit 1000 characters) *
0/1000
0/1000
Sustainability & Long-Term Impact. Are there plans for long-term sustainability beyond the grant period? Please describe any long-term strategies or plans for continuity if applicable. (Limit 1500 characters) *
0/1500
Execution. Are you (or anyone within your organization) aware of any extenuating circumstances, or any major pending organizational, functional, or financial changes that may affect your ability to implement the proposed initiative in the timing and manner in which it's described? *
○Yes
○ No



Risk Assessmen			
Risk Assessment. What financial and organizational assumptions are included in your budget and project plan? Please include 3-5 risks you have identified for project execution and success. (Limit 1500 characters) *			
0/1500			
Section 5	5: Evaluation and Reporting		
THIS	FORM MUST BE COMPLETED ONLINE		
	ion Plan. Provide a plan for assessing the effectiveness of the program or a description of assessment tools and processes to be used. Identify metrics		
(e.g., number of	youth reached, skill acquisition, workforce engagement) and data collection ay link any assessment tools that are already developed and/or in use. (Limit		
(e.g., number of methods. You methods.	youth reached, skill acquisition, workforce engagement) and data collection ay link any assessment tools that are already developed and/or in use. (Limit		
(e.g., number of methods. You methods.	youth reached, skill acquisition, workforce engagement) and data collection ay link any assessment tools that are already developed and/or in use. (Limit		
(e.g., number of methods. You may 1500 characters)  0/1500  Reporting Comm	youth reached, skill acquisition, workforce engagement) and data collection ay link any assessment tools that are already developed and/or in use. (Limit		



## **Section 6: Community and Collaboration**

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the Minnesota STEM Ecosystem by actively participating in the Community of Practice and shared learning opportunities. Please confirm your ability and willingness to do the following by checking the following boxes. *	
<ul> <li>Attending the Annual Minnesota STEM Ecosystem Convening</li> <li>Participating in the STEM Community of Practice (Quarterly)</li> <li>Sharing project outcomes, lessons learned, and best practices with fellow grantees</li> <li>Contributing to the development of shared resources, toolkits, or frameworks</li> </ul>	
Collective Contributions. How will your program or project advance the mission of the STEN Ecosystem? How will other organizations benefit from the contributions and/or shared resources created through your program or project? Provide specific examples. (Limit 1500 characters) *	1
0/1500	

# Section 7: Program-Project Budget, Workplan and Budget Narrative

### THIS FORM MUST BE COMPLETED ONLINE

Applicants must submit a detailed budget using the MN STEM Ecosystem Partnership Grant Budget-Workplan Template. This can be found as a download located on the STEM Ecosystem partnership grant application webpage (next to the application link). **The excel file contains three sheets that must be completed:** 

- Program-Project Budget
- Spending Timeline
- Workplan and Budget Narrative

#### Program-Project Budget should include (as applicable):

- Personnel/Capacity
- Equipment/Materials
- Participant Support (stipends, transportation, etc.)
- Other (specify)



- >> The Workplan and Budget Narrative should reference the Program-Project Budget (items A-J).
- >> Key milestones and and events should be identified in the Workplan and Budget Narrative.
- >> If matching funds or in-kind support were included in the Program-Project Budget; please use the Workplan and Budget Narrative to describe the additional resources—funding, materials, staff time, etc.
- and identify how and when they will be leveraged to support the program or project. Please include whether these are confirmed or anticipated.

### **Important Budget Guidelines:**

- Administrative Costs: A maximum of 4% of the total grant award may be used for administrative expenses. (Note: DEED policy states a maximum of 10% may be claimed, as the primary monitoring, accounting, and fiscal management entity requires 6% in administration fees; the remaining 4% is available to subgrantees.)
- Capital Improvements/Construction: Not eligible for funding under this program.
- <u>Capacity/Wages:</u> Grant funds may not replace or supplant existing wages, salaries or other forms of employee compensation, currently paid for in-part or in-full by state, federal, or other grant funds.
- <u>Food and Lodging:</u> Not eligible for funding under this program. Out-of-State Travel: Not eligible for funding under this program.
- <u>Large Expenditure/Purchase Requirements:</u> Any single item expenditure over \$5,000 requires additional permissions and supportive documentation and cannot be purchased after June 30, 2026. Note- this does not apply to services and/or items under \$5,000.00. [For example it is acceptable to include 20 drones for \$1,000.00 each for a total of \$20,000.00; it is NOT acceptable to purchase 1 drone for \$6,000.00]
- <u>Debarred Vendors:</u> Subgrantees must review the Minnesota Vendor Debarred List to ensure they are working with approved vendors.
- <u>Targeted Vendors:</u> The subgrantee must take all necessary affirmative steps to assure that
  targeted vendors from businesses with active certifications through these entities are used when
  possible: State Department of Administration's Certified Targeted Group, Economically,
  Disadvantaged and Veteran-Owned Vendor List, Metropolitan Council Underutilized Business
  Program, Small Business Certification Program through Hennepin County, Ramsey County, and
  City of St. Paul: Central Certification Directory
- <u>Prior Expenditures:</u> Expenditures incurred and/or paid prior to the contract being fully executed are not eligible for reimbursement.

you still be able to implement your proposed project? If so, please describe how you would adjust the scope, timeline, and/or activities to accommodate partial funding while still achieving meaningful outcomes. (Limit 1500 characters) *					
0/1500					

Contingency Planning. If your organization is not awarded the full amount requested, would

Please upload the excel spreadsheet labeled as follows: Your Organization Name-Partnership Grant Budget-Workplan

Example: YourNonprofitsName-Partnership Grant Budget-Workplan.xlsx
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Please attach the following as **one** PDF:

• IRS 501(c)(3) Determination Letter, or LEA/Municipality Proof or Fiscal Sponsor Agreement (if applicable)



Organizational Bylaws and Financial Policies/Procedures

- Liability Insurance Certificate
- Code of Conduct for Youth/Students (if applicable)
- Conflict of Interest Policy

Your PDF should be labeled as follows: Your Organization Name-Partnership Grant Attachments

Example: YourNonprofitsName-Partnership Grant Attachments.pdf

Thank you for completing this application. We will announce awards prior to January 1, 2026

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