

## Strategic Priority Public-Private Partnership Application 21-22

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Applicant	GMS Test
Applicant ID	APP-016656
Company Name	GMS Test
Recipient Address	GMS Test
	,
Status	Draft
Funded	<input type="checkbox"/>

### Applicant Contact Details

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**Question:** First Name of Person Implementing Program

Not Answered

**Question:** Last Name of Person Implementing Program

GMS Test

**Question:** Administrative Organization Name (i.e. school district, city, etc)

Not Answered

**Question:** Primary Organization Name (i.e. school, library, etc)

GMS Test

**Question:** Primary Organization Street Address

Not Answered

**Question:** Street Address 2

Not Answered

**Question:** City/Town

Not Answered

**Question:** State/Province

Not Answered

**Question:** ZIP/Postal Code

Not Answered

**Question:** Email

Not Answered

**Question:** Phone Number

Not Answered

**Question:** Administrative Organization/District Business Manager Name

Not Answered

**Question:** Administrative Organization/District Business Manager Email

Not Answered

**Question:** Name of Person Authorized to Sign Agreement (i.e. principal, director, etc)

Not Answered

**Question:** Email of Person Authorized to Sign Agreement

Not Answered

**Question:** If another person will complete the reporting requirements for this program, please provide their name and email address. If another person is not indicated, applicant is responsible for reporting.

Not Answered

**Question:** Notes:

Not Answered

## Program Details

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Download the BUDGET TEMPLATE for this application here:

<https://stem.idaho.gov/wp-content/uploads/2020/07/P3-Budget-Template-20-21.xlsx> (The excel document will not open, but will automatically download.)

**Question:** What category best describes your request? Select all that apply.

- ☐ Community event
- ☐ Organizational support
- ☐ Training
- ☐ Materials/consumables
- ☐ Research
- ☐ Resource creation/deliverable
- ☐ Hosting a regional/statewide conference
- ☐ Permanent fixtures (lab materials, built environment, etc)
- ☐ Other

**Question:** If your program is best described in another way, please describe:

Not Answered

**Question:** PROJECT DESCRIPTION: Please describe the overall program for which you are requesting funds. Be as specific and detailed as possible (include who/what/where/when/why).

Not Answered

**Question:** How does your program align with the STEM AC mission "to advance innovative opportunities for educators, students, communities, and employers to build a competitive Idaho workforce and economy through STEM and computer science education?"

Not Answered

**Question:** PROJECT OBJECTIVES: What is the goal of this project related to supporting STEM in Idaho?

Not Answered

**Question:** PROJECT OUTCOMES: How will you measure the impact of your program? Please provide details on metrics, tools, surveys, and other means of gathering data.

Not Answered

**Question:** PROJECT TIMELINE: Please describe the timeline of your proposed project, including proposed start date, implementation, end date, and reporting as applicable.

Not Answered

**Question:** Please describe the target audience of the program. How will you ensure this audience engages with the program?

Not Answered

**Question:** What specific methods will you use to recruit and include underrepresented populations in STEM through your program (including females, racial/ethnic minorities, rural communities, low-income communities, people with disabilities, etc)?

Not Answered

**Question:** How many students do you estimate will be DIRECTLY impacted through this program?

Not Answered

**Question:** How many students do you estimate will be INDIRECTLY impacted through this program?

Not Answered

**Question:** How many educators do you estimate will be DIRECTLY impacted through this program?

Not Answered

**Question:** How many educators do you estimate will be INDIRECTLY impacted through this program?

Not Answered

**Question:** How many community members do you estimate will be DIRECTLY impacted through this program?

Not Answered

**Question:** How many community members do you estimate will be INDIRECTLY impacted through this program?

Not Answered

**Question:** What is your program's COVID-readiness plan?

Not Answered

**Question:** Other comments:

Not Answered

## Partnership

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**Question:** PROJECT BUDGET AND DONOR LIST: Please complete and upload the budget and donor list template with ALL details completed. Remember to complete all fields.

No Attachments

**Question:** How are you partnering with other organizations to make this program successful (i.e. other sponsors, volunteers, showcases, etc)? Please also share information on how you developed partnerships for your program.

Not Answered

**Question:** We need your help describing the value of STEM education through the impact of our partnership. How will STEM AC be publicly recognized for support of this program?

Not Answered

**Question:** How can STEM AC help support your project beyond funding support?

Not Answered

**Question:** What are your capacity-building needs related to your program proposal?

- ☐ Fundraising
- ☐ Strategic Planning
- ☐ Data Tracking
- ☐ Board Governance
- ☐ Program Evaluation and Measurement
- ☐ Financial Management
- ☐ Scalability
- ☐ Other

**Question:** If you identified other capacity-building needs, please describe them:

Not Answered

## Agreements

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Please provide your electronic signature to indicate your agreement to the following statements:

**Question:** The budget request for this program contains no indirect costs through my organization.

Not Answered

**Question:** This program aims to serve only Idaho residents.

Not Answered

**Question:** This program is not meant to serve students and/or educators currently enrolled in private or parochial schools or organizations.

Not Answered

**Question:** I understand that members of my organization will be ineligible to apply for future funding if reporting requirements related to this application are not met.

Not Answered