



# GRANT TERMS AND CONDITIONS

*Missouri STEM Initiative's mission is to align regional employment needs with education programs and support to develop, promote, and enhance our future Missouri workforce.*

**Grant Criteria:** Applicants must be in the following content areas – Industrial Technology, Agriculture Education, Technology Education, STEM, STEAM, or CTE

**Grant Requirements:** ?

**Disbursement:** All grant funds must be utilized within 30 days of award, except when allocated for professional development events.

**Payment:** Funds will be directly paid to the recipient. Purchases for equipment must be accompanied by a tax-exempt letter.

**Documentation:** Copies of all receipts must be emailed to [info@MissouriSTEM.org](mailto:info@MissouriSTEM.org).

**Grant Deliverables:** ?

**Marketing:** Recipients must promote their grant award by making a social media post that tags MSI.

**Storyboards:** Awardees are required to create a storyboard illustrating how the grant funds were used. This material will be featured on the MSI website and social media channels.

**Grant Determination:** The MSI committee will evaluate applications based on their need and alignment with our mission. MSI is committed to enhancing the workforce with skills aligned to industry needs.

**Likeness and Media Release:** Awardees grant MSI permission to use results, photos, and storyboards related to the grant for marketing purposes to further advance our mission.



# MSI Grant Application

School and Grade Level(s) Served \_\_\_\_\_

Number of Students Benefited \_\_\_\_\_ Funds Requested \_\_\_\_\_

Requested Funds Use

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is the school district able to cost share and to what extent \_\_\_\_\_

_____	_____
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Is this program eligible to receive enhancement/Perkins Funds? \_\_\_\_\_

Have you applied for additional funds? \_\_\_\_\_

Do you agree to share pictures and create a story board for MSI marketing purposes as outlined in our grant criteria? \_\_\_\_\_

Signature of

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of

Administrator \_\_\_\_\_ Date \_\_\_\_\_