**GRANT INSTRUCTIONS**

1)Complete Narrative (*pages 2-3*)

2) Complete Signature Page (*page 4*)

3) Complete Huskies Connect Application: [***stcloudstate.edu/rsp/grants/internal/leveraged-equipment.aspx***](https://www.stcloudstate.edu/rsp/grants/internal/leveraged-equipment.aspx)

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| ***Huskies Connect Application will collect the following information:*** |
| 1. Principal Investigator Information (Tech ID, Email, Phone, School/College, Department)
 |
| 1. Co-Principal Investigator Information (Tech ID, Email, Phone, School/College, Department)
 |
| 1. Project Information:
* Title
* Equipment description
* Describe equipment’s state-of-the art capability
* Expected purchase date
* Total cost to acquire equipment
* Leveraged equipment funds requested
 |
| 1. High-Demand Occupational Impact:
	* Explain which high-demand occupation(s) will benefit and what skills they will acquire (include demand data from ***mn.gov/deed/data/data-tools/oid/*** )
* Which credit-based academic program(s) will benefit from instruction/courses/training?
* Student user information (estimated number of annual users and high-demand occupation(s) impacted)
* Faculty user information (estimated number of annual users)
* Other user information (estimated number of annual users)
 |
| 1. Required attachments:
* Narrative and Signature Page
* Secured match documents (e.g. letter or email from funder)
* Equipment quote(s)
 |

**PROJECT INFORMATION**

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| **Principal Investigator Name:** | Click or tap here to enter text. |
| **Co-Principal Investigator Name(s):** | Click or tap here to enter text. |
| **Project Title:** | Click or tap here to enter text. |
| **Equipment Requested:** | Click or tap here to enter text. |
| **Amount Requested:** | $Click or tap here to enter text. |
| **Explain how the acquisition of this equipment aligns with the college/school/area’s strategic development of its infrastructure.** |
|  Click or tap here to enter text. |
| **Discuss how this acquisition aligns with SCSU’s strategic goals.** |
|  Click or tap here to enter text. |

**SECURED MATCH**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Match DonorCompany or Name** | **Brief Description of Match****(Include cost center #, if applicable)** | **Cash or In-kind** | **Value of Match\*** | **Date Match Secured\*\*** |
|  |  | [ ]  Cash [ ]  In-kind | $  |  |
|  |  | [ ]  Cash [ ]  In-kind | $  |  |
|  |  | [ ]  Cash [ ]  In-kind | $  |  |
| **Total Match Secured:***Total match must be equal to OR greater than amount requested* | $      |

\* Value of equipment discounts must be greater than standard education discounts; attach documentation from your vendor
\*\* Must be secured between July 1, 2019 and June 30, 2020.

**OFFERDAHL MATCHING FUNDS**

*There is limited matching funds available through the Linda and Richard Offerdahl Leveraged Equipment Fund, therefore, applicants are encouraged to pursue multiple sources to secure the one-to-one match requirement.*

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| **Are Offerdahl matching funds being requested for this proposal?** |
| [ ]  YES If yes, complete rest of the questions in this section. [ ]  NO If no, skip the remaining questions in this section and move to Sustainability Plan section. |
| **How much Offerdahl matching funds are requested?** |
|  Click or tap here to enter text. |
| **Describe the efforts taken to secure required matching funds.** |
|  Click or tap here to enter text. |
| **Explain why alternate form(s) of required match could not be secured to meet the one-to-one requirement.**  |
|  Click or tap here to enter text. |

**SUSTAINABILITY PLAN**

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| **Describe the maintenance needs associated with the equipment acquired.** |
|  Click or tap here to enter text. |
| **Describe how the maintenance needs will be addressed.** |
|  Click or tap here to enter text. |
| **Describe annual resources needed to support maintenance (annual operation costs, maintenance, warranty, personnel item, etc.)** |
|  Click or tap here to enter text. |
| **Outline how maintenance costs will be covered?** |
|  Click or tap here to enter text. |

**SIGNATURE PAGE**

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| *Signature(s) acknowledge that the Principal Investigator and Co-Principal Investigator (if applicable) will be responsible to ensure the proposed project is completed as described.* |
|  |  |
| **Signature of Principal Investigator** | **Date** |

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| *Signature acknowledges the Principal Investigator has informed the department/unit of intentions to pursue this project.* |
|  |  |
| **Department Chairperson / Director** | **Date** |
| Comments: Click or tap here to enter text. |

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| *Signature authorizes support of the Principal Investigator to pursue this project.* |
|  |  |
| **Supervisor or School / College Dean or Vice President** | **Date** |
| Comments: Click or tap here to enter text. |