**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)

|  |
| --- |
| ***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**

|  |  |
| --- | --- |
| **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 Donor Company 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.*

|  |
| --- |
| **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**

|  |
| --- |
| **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**

|  |  |
| --- | --- |
| *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** |

|  |  |
| --- | --- |
| *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. | |

|  |  |
| --- | --- |
| *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. | |