

## **GOVERNOR'S STEM ADVISORY COUNCIL**

I,	, approve the application for		
Administrator Name (print)			
	that		has applied
Scale-Up Program Name (print)		Applicant Name (print)	
for through the <u>lowa Governor's STEM Adv</u>	risory Council's S	TEM Scale-Up Program.	
Educator(s) Implementing the Scale-Up	Program <i>(pleas</i>	e print):	
<ul> <li>As LEAD ADMINISTRATOR representing to Lead Administrator attests that his/require criminal background checks associated with this application have requirement of employment. If a battests that his/her educational orgatimplementing educators associated place lowa youth at risk or in harming check through the lowa Department https://dps.iowa.gov/divisions/crimitorial You are aware of the applicant's sufficient Governor's STEM Advisory Councity You support this application.</li> <li>If awarded, your organization agreed evaluation (Educator Survey and Stopy the lowa Governor's STEM Advithe following link.</li> </ul>	ther educational of sof employees a size undergone the ackground check anization has in placed with this applicates way. [Note: Lest of Criminal Investigation albmission of a State of the best of trudent Participar	organization has complied with and that any implementing educe necessary criminal background is not required by law, the least olace safeguards to ensure the ation do not have a criminal related administrator may request estigation for \$15.00 at a second content of the second content o	cators nd check as a nd administrator at any cord that would a background  forms ne lowa  e two-part ning as required
Administrator Signature		Date	

If you have any questions in regards to the application status or Scale-Up program, please contact the applicant listed above or your <u>Regional STEM Manager</u>.