

# Iowa STEM Scale-Up Request for Applications

# 2025-2026

**Response Planning Worksheet: Iowa STEM Scale-Up Program Provider Application**

The purpose of this document is to help you prepare your responses for the Scale–Up Program Provider Application. The questions below are the in the same order as they appear in the online platform. You may cut and paste your responses from this form, or another document, into the online platform. Your final application must be submitted through IowaGrants.gov. Search for “Program Provider Scale-Up Application”.

Questions that require a response are marked with an asterisk (\*). For frequently asked questions, timeline and rubric, visit <https://educate.iowa.gov/pk-12/iowa-stem/stem-scale/program-provider-application>

Name of Organization (Program Provider) \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code\*

Employer Identification Number (EIN)\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Congressional District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered in System for Award Management (SAM)? \*

* Yes
* No

Organization Type\* (choose one)

* County Government
* For-Profit Organization (Other than Small Business)
* Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
* Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
* Private Institution of Higher Education
* Public/State Controlled Institution of Higher Education
* Small Business
* State Government
* Other

**PRIMARY CONTACT**

Primary Contact First Name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (Ex. 111-111-1111) \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Administrative Contact**

Administrative Contact First Name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (Ex. 111-111-1111) \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Contact**

Financial Contact First Name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\*

Title\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (Ex. 111-111-1111) \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Official**

Authorized Official First Name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (Ex. 111-111-1111) \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirm Email\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Add Additional Contact**

Optional: Additional Contact.  To skip, scroll down and click to the next section.

Optional: Additional Contact First Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: Additional Contact Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: Additional Contact Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: Additional Contact Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: Additional Contact Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional: Confirm Additional Contact Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information pertaining to the STEM Program**

**(A separate application is required for each**

**STEM Program being considered.)**

Program Name (Note: If multiple programs are being considered, those requiring separate training must be submitted as a distinct application.) \*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

URL to obtain additional info on the program\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

URL for program video (If available, please include a URL of a video that demonstrates the program - under 5 minutes)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program implementation options **“Scale Up Program Application Implementation Options**“

* In School
* Out of School
* Both

Program capacity: A Program may be awarded to 5 educators or 300 educators throughout the State. What is the approximate range of educators the provider has capacity to serve in Iowa?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The program serves the following grade levels (Choose all that apply). \*  Note: Drag the mouse to select multiple grade levels. Some computers may require holding down the shift button to select multiple grade levels.  **“Scale Up Program Application Grade Levels”**

* Pre-K
* TK
* K
* 1
* 2
* 3
* 4
* 5
* 6
* 7
* 8
* 9
* 10
* 11
* 12

List credentials and certifications the program has earned (2500 character limit)

Program summary (1000 character limit).  Include: origin, validation, need being met; content and practices engaged in by learners; and connection to STEM in the world of work. \*

Q1. Provide evidence of effect (2500 character limit). Include: summary of evaluation tactics; summary of findings of benefits to students, educators, others (content and skills growth, attitudes and intentions, etc); cite an instance where assessment informed program practices; and indicate source of evaluative evidence - external or internal.  If internal, identify the evaluation entity. \*

Q2.1 How does this program align with Iowa standards for Science, Technology, Engineering and/or Mathematics? Demonstrate the primary connections between curriculum and Iowa standards and integration across those standards. For example. Iowa—Math 2.OA.A.1. Represent and solve problems using addition and subtraction. Explain how the standard will be aligned to curriculum and activities within the Scale-Up project, citing specific examples from the activities. (1500 character limit).\*

Q2.2 Standards integration: Demonstrate how the program integrates across STEM curricular areas. How does this program align with other Iowa Academic Standards, including 21st Century Skills and cross-curricular standards? (1500 character limit).\*

Q3. Scalability (2500 character limit) Describe your program and its scalability for Iowa students. (A Program may be awarded to 5 educators or 300 educators throughout the State.) Please address the following:

* Describe how this program has been implemented across multiple diverse learning environments.
* Provide examples of successful program expansion/replication.
* What opportunities exist for educators in Iowa to sustain continuity of program outcomes over time and during expansion (e.g., educator turnover after the initial award year, or additional materials to replace consumables).

Q4. Professional development/training: (1500 character limit) Please provide a detailed description of how the professional development/training associated with your program will strengthen Iowa’s STEM educators’ pedagogy and content knowledge, provide sustained support, and equip educators to connect student learning within the context of Iowa communities and careers. Include an agenda for professional development/training that includes time spent on each portion of the training. \*

* + Verify attendance.
	+ Provide educators the opportunity to engage with materials/kits and apply professional learning during the session.
	+ Provide educators the opportunity to discuss implementation in the educator’s specific context with peers and experts.
	+ Acknowledge the Iowa Governor’s STEM Advisory Council at professional development/training.

\*\*\*All organizations offering to provide a program to scale in Iowa are expected to provide professional development/training before remitting materials to educators or seeking payment from the Iowa STEM Council. \*\*\*

Q4.1 How will the initial professional development/training be delivered? (The Iowa STEM Council Expects professional development/training to foster cohort building among awardees).\***Scale Up Program Application Initial P.D. Training**

* In person, face-to-face in Iowa
* Virtual, live and synchronous
* Both, be sure to explain in question 4.3

Q4.2 Where will professional development/training be delivered in Iowa? (Iowa STEM Regional Map https://educate.iowa.gov/pk-12/iowa-stem/stem-regions) Scale-Up Training Sessions and Locations

* Number of trainings will be dependent on the number of educators that are awarded. This will determine the location and number of educators that will scale. Note: Numerous factors influence total number of educators awarded a Scale-Up program, including marketing effectiveness, alignment with educators’ goals and standards and/or number of educator applications across programs at the regional level. There is no assurance by the STEM council that any program will be scaled. It is market driven.

\* Scale Up Program Application P.D. Training in Iowa

* Statewide
* STEM Region (refer to map linked above)
* Either, dependent upon the number of awarded educators.

Q4.3 Describe how professional development/training will be delivered during the award year. (2500-character limit)

 Expectations for Scale-Up Program training delivery:

* Verify participant attendance.
* Educators will engage with materials/kits and apply professional learning during the session.
* Educators will discuss implementation in the educator’s specific context with peers and experts.

Q4.4 Minimum number of educators needed to conduct one training session? \*

Q4.5 Maximum number of educators allowed to conduct one training session? \*

Q4.6 Total number of days for your organization to conduct professional development/training for the program? \***Scale Up Program Application P.D. Training Number of Days**

* Half day (3-4 hours)
* One Day (6-8 hours)
* Two Days (6-8 hours per day)
* One Week
* Two Weeks
* Other (Be sure to explain in question 4.3.)

Q4.7 If one professional development/training session extends beyond one full day, is it conducted over consecutive days? \*

* Yes
* No

Q5. Evidence of Effectiveness in Engaging Diverse Learners (2500 character limit) Provide evidence of the program’s effectiveness (including each unit of the program) in successfully reaching and engaging all students, especially those from groups under-represented in STEM. Under-represented groups include African Americans, Latino/as, English language learners, students with disabilities, low socioeconomic status, low test scores, rural, and females (For example, provide evidence that your program successfully recruits and retains females in physical sciences, technology, engineering, and mathematics.) \*

Q6. Connection to the World of Work (1500 character limit) Provide evidence on how students connect between learning and the world of work. Highlight connections that relate to key industries in Iowa, including agriculture, advanced manufacturing, information technology, finance, and health careers. \*

Q7. Program budget:  What is the budget for the program being proposed for scaling? Upload proposed budget below. A link to the required budget template and allowable costs is available at <https://iowastem.org/scaleup-provider-application>

**Note:**

* **Providers selected for scaling their programs in Iowa must be prepared to function on a cost-reimbursement financial arrangement.** Indirect, Admin, etc. may be accounted for in the Budget; however, may not exceed 5% of the unit cost. The cost must be incorporated into the unit price and identified in the Detailed Budget Description.
* **Educators awarded the program must attend professional development/training or forfeit program materials.**

The following items will NOT be covered by Scale-Up Program funds. Items in these categories may be listed as “cost-share” (see below).

* Hosting state-wide events including contests, competitions, social activities, ceremonies, receptions or entertainment.
* Website design and maintenance.
* General fundraising.
* Construction or renovation of existing buildings.
* General operational expenses/support (unless clearly categorized under an allowable expense).
* General public relations or advertising.
* Contributions to endowments. \*

Q7.1 Describe the materials provided to educators. For example: Direct links to kits (showing kit names and materials provided in a kit) and cost. List materials and costs included. \*

Q7.2 One kit can serve up to how many youths? \*

Q7.3 Can the program materials be reused multiple times during the day or semester?  Educators may use the program materials with multiple youth groups during the day or semester. For example, there might be instances where materials could be shared, but sharing creates a logistical challenge (i.e. taking items apart between sessions). \*

* Yes
* No

Q7.4 If not, please explain how the program materials are best used? (2500 character limit)

Q7.5 Does this application include a stipend to support educator participation in the professional development/training? If yes, be sure to include a description of stipend coverage in the budget worksheet. Guidelines for allowable costs can be found as a tab on the Budget Worksheet. (Upon evidence of an educator attending professional development/training, the Iowa STEM Council would reimburse the Program Provider)

* Yes
* No

Q7.6 If a stipend is offered, explain how your organization will administer the distribution of funds. (1500 character limit)

Q7.7 What are the costs to an awardee to sustain the program? (1500 character limit) Costs may include subscription renewals/program costs, replacing consumable materials, cost to train a new educator, etc. This will be published so educators applying for the program can create a plan to sustain the program beyond the award year. \*

Q8. Supporting documentation: Please upload supporting documentation (Acceptable file types include: Excel, PDF, Word, and JPEG.  A file may not exceed 10MB.) NOTE: ONLY ATTACH A DOCUMENT IF IT IS REFERENCED IN THE RESPONSE TO A QUESTION ABOVE

Resume of the lead contact for Iowa\*

Additional supporting document 1.  Optional. Only attach if referenced in a response to a question above.

Additional supporting document 2. Optional. Only attach if referenced in a response to a question above.

Additional supporting document 3. Optional. Only attach if referenced in a response to a question above.

Additional supporting document 4. Optional. Only attach if referenced in a response to a question above.

Additional supporting document 5. Optional. Only attach if referenced in a response to a question above.

Q9. Returning Program Providers (1500 character limit) If the budget proposed this year has changed from a previous year, please explain why.

Q10. Cost-sharing for Scale-Up program (1500 character limit) If applicable, describe the organization's cost-share plan that offsets Iowa’s investment. Include supporting organizations and type of support (in-kind or financial). Indicate whether the cost-share has been secured at the time of submission or is pending. Provide assurance that the cost-share will equally benefit all regions of Iowa. \*

Q12 Rank the strategic prioritiy to which your program best aligns? (You may give more than one the same rank order if the program aligns to them equally.). MATT CAN HELP!!!!

*Agricultural science
Applied engineering
Computational thinking
Ecology and energy education
Mathematics, especially applied and contextual to students' lives
STEM and arts integration
STEM careers (especially with local context) - ideally an element of any Scale-Up proposal
STEM programming that integrates into existing curriculum
Transdisciplinary (integrated) S-T-E-M*

Other

If other, please list.

Q11. How did you find out about the Iowa STEM Scale-Up Program Application? \***Scale Up Program Application Outreach**

* Conference
* Current Provider
* Community Partner
* Iowa STEM Regional Manager
* Iowa Educator
* Iowa Governor’s STEM Advisory Council Website
* Iowa Governor’s STEM Advisory Council Newsletter
* Social Media Advertisement
* Social Media Post
* Other

To submit, please click the "ARROW" button at the bottom of the screen.