# Museum & Community Partnerships Explore Science Kit Application

## Museum & Community Partnerships Explore Science Kit Application

### 1) Enter the name of a contact person and a shipping address for your kit (No P.O. boxes please).

First Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 1\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 2) Please confirm your organization in the pull-down selection below. Organizations are sorted alphabetically by state, then city, and organization. If your organization is not listed, please choose "Other" at the bottom of the list.

## Organization Information

#### 3) Which best describes your organization?\*

( ) Museum/Science Center

( ) Nanoscale Science and Engineering College/University

( ) Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 4) If your organization is a museum, please check boxes to indicate all types that apply:\*

[ ] Science or Technology Museum

[ ] Children's Museum

[ ] Art or History Museum

[ ] Natural History or Nature Museum

[ ] Emerging or Developing Museum

[ ] Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### 5) What is the annual operating budget of your museum or organization?\*

[ ] under $250,000

[ ] $250,000 - $500,000

[ ] $500,000 - $1 million

[ ] $1 - $2.5 million

[ ] $2.5 - $6.5 million

[ ] over $6.5 million

[ ] Comment about annual operating budget (if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Community Partner Organization information

### You are required to provide the following information about your community partner.Please note that project evaluators will be contacting successful applicants and their community partners in early 2016 and again at the end of 2016.

#### 6) Please categorize the community organization you will be partnering with (please check all that apply):

[ ] 4-H

[ ] Boys & Girls Clubs of America

[ ] Boy Scouts of America

[ ] Girls, Inc.

[ ] Girls Scouts of the USA

[ ] National Girls Collaborative Project

[ ] Parent Teacher Association (PTA) or PTO

[ ] the Y (YMCA)

[ ] YWCA

[ ] Library

[ ] Faith-based group

[ ] Local community organization not affiliated with a national group

[ ] Afterschool program

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

#### 7) Have you collaborated with this community organization in the past?

( ) yes

( ) no

### 8) Please describe your existing relationship with this community organization. (Limit: 200 words)If you have not collaborated before, please just write "N/A" below.

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### 9) Community organization contact information

First Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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State\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Institution Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Information about your planned collaboration

### 10) Briefly describe your plans for your Museum & Community Partnership project. Please include planned program dates, type of event or program, location, intended audience, additional collaborators, and any other details you feel are important. (Limit: 300 words)\*

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#### 11) Please indicate the types of activities that you plan to include in your collaboration (please check all that apply):

[ ] family science nights

[ ] afterschool programming

[ ] weekend programming

[ ] special one-time events

[ ] community events

[ ] ongoing events

[ ] summer camp programming

[ ] library programming

[ ] home school programs

[ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

#### 12) Where will these activities take place (please check all that apply):

[ ] at a school facility

[ ] at a museum / science center

[ ] at a church / place of worship

[ ] at a community center

[ ] at a municipal facility

[ ] at a facility run by a youth-serving group such as YMCA, YWCA

[ ] at a library

[ ] at an outdoor event

[ ] other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

#### 13) AudiencesPlease categorize the underserved youth audiences you reached (please check all that apply):

[ ] racial and ethnic minorities / communities of color

[ ] low-income / lower socio-ecomic status

[ ] girls

[ ] at-risk youth

[ ] non-native English speakers

[ ] disabled / differently abled

[ ] rural

[ ] inner city

[ ] other underserved audiences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*

### 14) Describe how you plan to sustain this collaboration after the reporting period. (Limit: 300 words)\*

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### 15) Describe how you plan to use the Explore Science kit in other contexts (i.e.  in addition to the collaboration described above). (Limit: 300 words)Use of the Explore Science kit in other contexts is NOT required.If you do not think you will use the Explore Science kit in other ways, please just write "N/A" below. \*

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## Museum & Community Partnerships Explore Science kit use agreement

If you are selected to receive an Explore Science kit, you are expected to:

* Utilize the kit between Spring - Summer 2016 to partner with a community organization to engage underserved audiences in nanoscale science, engineering, and technology topics.
* Submit an online report by October 15, 2016

If you find that you cannot use the kit materials, you may be asked to return them or distribute them to another user.

#### 16) Do you agree to these terms?\*

( ) Yes

( ) No

## Explore Science kit application complete

### Thank you!

**Your application for a Museum & Community Partnerships "Explore Science" kit is now complete. You should receive an automated email from KC Miller of the Science Museum of Minnesota (kcmiller@smm.org) with a PDF of your application attached; you may need to check your email spam filter for the automated email.**

**You will be contacted by a NISE Network representative if there are additional questions about your application. You can expect to hear about the status of your kit application in late December.**

**If your status changes or you have additional questions, feel free to contact us at kcmiller@smm.org**