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STATE USE ONLY

INNOVATION CAMPUS APPLICATION (Section 620.2600, RSMo)

SECTION 1. INNOVATION CAMPUS		
Innovation Campus Name (Official or Legal Name)	NAICS (if applicable)	FEIN (if applicable)
Campus Location (Street, City, County, 9-digit ZIP Code)		
Project Administrator (First Name, Middle Initial, Last Name, Title)		
Mailing Address (Street Address, P.O. Box, City, State, 9-digit Zip Code)		
Day Phone (include extension) ()	Fax Number ()	E-mail Address
Innovation Campus Director (First Name, Middle Initial, Last Name)		Title
SECTION 2. USE OF FUNDS		
<p>1) How will the donations received as part of this application be used?</p> <p> <input type="checkbox"/> Property acquisition and/or renovation or construction <input type="checkbox"/> Curriculum development <input type="checkbox"/> Curriculum <input type="checkbox"/> Scholarships </p> <p>2) Will the end product of this project (property, curriculum, etc.) be solely used for science, technology, engineering, and mathematics (STEM) education for the target Innovation Campus students?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>		
SECTION 3. PARTNERS		
List all Innovation Campus partners below and attach a multi-party Memorandum of Understanding or Agreement that: identifies each entity, defines the roles and responsibilities of each entity, and has been signed by an authorized representative of each entity.		
High School or District Name	MITS/MO ID No.	FEIN
Address (Street, City, County, 9-digit ZIP Code)		
Authorized Representative (First Name, Middle Initial, Last Name, Title)		
Day Phone (include extension) ()	Fax Number ()	E-mail Address
Four Year Public/Private Higher Education Institution Name	MITS/MO ID No.	FEIN
Address (Street, City, County, 9-digit ZIP Code)		

Authorized Representative (First Name, Middle Initial, Last Name, Title)			
Day Phone (include extension) ()	Fax Number ()	E-mail Address	
Two Year Public Higher Education Institution/Technical College Name		MITS/MO ID No.	FEIN
Address (Street, City, County, 9-digit ZIP Code)			
Authorized Representative (First Name, Middle Initial, Last Name, Title)			
Day Phone (include extension) ()	Fax Number ()	E-mail Address	
Business Partner Name		NAICS	MITS/MO ID No. FEIN
Address (Street, City, County, 9-digit ZIP Code)			
Authorized Representative (First Name, Middle Initial, Last Name, Title)			
Day Phone (include extension) ()	Fax Number ()	E-mail Address	
Business Partner Name		NAICS	MITS/MO ID No. FEIN
Address (Street, City, County, 9-digit ZIP Code)			
Authorized Representative (First Name, Middle Initial, Last Name, Title)			
Day Phone (include extension) ()	Fax Number ()	E-mail Address	
<p>Attach a multi-party Memorandum of Understanding or Agreement that: identifies each entity, defines the roles and responsibilities of each of the above entities. The MOU/Agreement must be signed by an authorized representative of each entity.</p>			
SECTION 4. DHE APPROVAL			
<p>Has this organization/partnership been approved by the Missouri Department of Higher Education (DHE) as an Innovation Education Campus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please attach a copy of the application to DHE and a copy of the approval.</p>			
SECTION 5. APPLICATION(S) TO CLAIM TAX CREDITS			
<p>Have you attached the notarized Application to Claim Innovation Campus Tax Credits (MOTC- ICTC), along with proof of the donation from the donor to the Innovation Campus? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How will payment of 50% of the value of the donation(s) to the Innovation Campus be made?</p> <p><input type="checkbox"/> Check Enclosed – made payable to MO General Revenue Fund</p> <p><input type="checkbox"/> EFT – Contact DED staff for account information and provide:</p>			
Name of the originating organization/business	Anticipated Date of Transfer	Amount of Transfer	

SECTION 6. INNOVATION CAMPUS CERTIFICATION

I, the undersigned, acting on behalf of the Applicant named below, hereby certify and agree to the following:

- The information submitted by the Applicant to DED in connection with the Project is true and correct and such information is consistent with documents provided to lenders, other government programs, or investors. The Applicant hereby authorizes DED to verify such information from any source;
- Neither the Applicant, nor any person actively engaged in the management of the Applicant:
 - a) Has committed a felony, is currently under indictment for a felony, or is currently on parole or probation;
 - b) Is delinquent with respect to any non-protested federal, state or local taxes or fees;
 - c) Has filed (or is about to file) for bankruptcy, unless otherwise disclosed to DED; or
 - d) Has failed to fulfill any material obligation under any other state or federal program;
- There are no pending or threatened liens, judgments, or material litigation against the Applicant or any person identified on the application which is likely to have a material impact on the Applicant's viability;
- Neither the operations of the Project itself nor the receipt of incentives for the Project would violate any existing agreement;
- The Applicant has obtained or is capable of obtaining all necessary federal, state and local permits and licenses for the Project;
- I certify that the applicant does NOT knowingly employ any person who is an unauthorized alien and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that each individual is not an unauthorized alien;
- I certify that the applicant is enrolled and will participate in a federal work authorization program as defined in Section 285.525(6), RSMo, with respect to employees working in connection with the activities that qualify applicant for this program. I certify that the applicant will maintain and, upon request, provide the Department of Economic Development documentation demonstrating applicant's participation in a federal work authorization program with respect to employees working in connection with the activities that qualify applicant for this program;
- I certify that the Applicant shall include in any contract it enters with a subcontractor in connection with the activities that qualify applicant for this program, an affirmative statement from the subcontractor that such subcontractor is not knowingly in violation of Section 285.530.1, RSMo, and shall not be in violation during the length of the contract. In addition the Applicant will receive a sworn affidavit from the subcontractor under the penalty of perjury, attesting that the subcontractor's employees are lawfully present in the United States. I certify that the Applicant will maintain and provide the Department of Economic Development and Department of Revenue access to documentation demonstrating compliance with this requirement
- I understand that, pursuant to section 285.530.5, RSMo, a general contractor or subcontractor of any tier shall not be liable under section 285.525 to 285.550 when such general contractor or subcontractor contracts with its direct subcontractor who violates section 285.530.1, if the contract binding the contractor and subcontractor affirmatively states that the direct subcontractor is not knowingly in violation of section 285.530.1 and shall not henceforth be in such violation and the contractor or subcontractor receives a sworn affidavit under the penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States;
- I understand that if the applicant is found to have employed an unauthorized alien, applicant maybe subject to penalties pursuant to Sections 135.815, 285.025, and 285.535, RSMo;
- I understand that if the applicant is found to have employed an unauthorized alien in Missouri and did not, for that employee, examine the document(s) required by federal law, the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding;
- I attest that I have read and understand the Innovation Campus guidelines;
- I certify that donations received as a part of this Innovation Campus project will be used solely for activities that advance learning in the areas of science, technology, engineering, and mathematics, including but not

limited to: property acquisition, curriculum development or implementation, and scholarships;

- I attest that the Innovation Campus is/will:
 - a. Actively working to lower the cost for students to complete a college degree;
 - b. Decrease the general amount of time required for a student to earn a college degree;
 - c. Provide applied and project-based learning experiences for students;
 - d. Leverage curriculum developed in consultation with its partner Missouri business(es) and industry representatives;
 - e. Provide students graduating from the Innovation Campus with direct access to internship, apprenticeship, part-time or full-time career opportunities with Missouri-based businesses that are in partnership with the Innovation Campus ; and,
 - f. Engage and partner with industry stakeholders in ongoing program development and program outcomes review.
- I will inform DED if, at any time before project completion, there is any change to any of the certifications made herein;
- I hereby agree to allow representatives of the Department of Economic Development (DED), Department of Revenue, or either of their designated representatives, access to the property and applicable records as may be necessary for the administration of this program; and,
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief.

I certify that I am a Corporate Officer/Member of the Applicant and have the proper authority to execute this document on behalf of the Applicant. I am authorized to make the statement of affirmation contained herein. I realize that failure to disclose material information regarding the Applicant, any owners or individuals engaged in the management of the Applicant, or other facts may result in criminal prosecution.

Applicant Signature	Print Name	Title	Date
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STATE _____ OF

COUNTY OF _____) ss.

On this ___ day of _____ in the year 20___ before me, _____, a Notary Public in and for said state, personally appeared _____ [name of Corporate Officer/ Member], _____ [Official Title], _____ [Name of Corporation/ Limited Liability Corporation], known to me to be the person who executed the within Agreement in behalf of said company and acknowledged to me that he or she executed the same for the purposes therein stated.

Notary Public

My commission expires _____

¹If more than one representative signs, use a copy of this page for each signatory.