

Madelia Area Integration Collaborative

2013-2014 Funding Request Form & Activity Summary



Application Date: _____

Applicant's Name: _____

MAIC Districts Involved:

LCWM

Madelia

Maple River

Truman

Event Name _____

Event Date _____ Time _____

Grade/Department _____

Hosting District _____

Event Location _____

Describe the event and how it will benefit students along with the interaction that will take place between students:

All events require prior approval by their local MAIC Coordinator and must be approved by the MAIC Core Council.

Madelia
Molly Raske 507-642-3232
Alyssa Sanchez 507-642-3232

LCWM
Dan Beert 507-726-2320
Linda Isebrand 507-726-2110

Maple River
Deanne Rengstorf 507-278-3039

Truman
Eva Sonnabend
507-776-2111 x 3916

Before applying please see below:

- Is this activity being planned with Madelia?
- Have you described how the activity will provide an integrated environment?
- Have you described how this activity will positively affect the attitudes, behaviors and stereotypes of the students involved?

If you answered 'no' to any of these questions, please explain why in the above application description.

ACTIVITY APPROVAL

Building/District Administration

Date Approved

MAIC Core Council Approval

Madelia Area Integration Collaborative

Budget Summary

Will you need a sub for your classroom? Yes No
 Full Day Sub 1/2 Day Sub
Cost: \$_____ Cost: \$_____ Total Sub Cost: \$_____

Will you need transportation? Yes No
*If yes, please include bus or field trip request form.

Will you be sharing transportation with another district? Yes No

Which district will provide transportation? _____
*Student transportation is reimbursed by MDE and does not come out of your district's integration budget.

Expenses:

Registration Fees: Cost/Person _____ Total Cost: \$_____

Supplies: (Please List)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total request-Sub-Registration-Supplies: \$ _____

_____ Number of students projected to attend from district
_____ Number of staff/chaperones projected to attend from district

***PLEASE NOTE:** All mini-grants must receive prior approval from the MAIC Core Council prior to proceeding with the grants. The Core Council meets monthly, so plan according. Applications will be submitted to the MAIC Core Council by each district MAIC Coordinator. Items ordered without prior approval or which exceed the approved budget may not be paid through integration funds. An evaluation of the activity, including the number of staff and students involved is required.

Madelia Area Integration Collaborative

Activity Evaluation



Name of Event _____

Date of Event _____

Applicant's Name _____

*Please complete the form below with the assistance of the students who attended the event. If more than one classroom attended, each teacher should complete the form. Completed forms should be submitted to your local district's MAIC coordinator within one week after the event. Funds for future events will not be dispensed until evaluations are completed. Answer all questions.

Students were placed in mixed district groups? ____Yes ____No

Number of students that attended from district: _____

Number of staff/chaperones that attended from district: _____

What did the students like best or enjoy most about the event?

What did the students like least about the event?

If you were to do this event next year, what specific improvements could be made?

Staff/Teacher _____ Date _____