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:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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 accordingly. 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.
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 ____________