



REGIONAL REQUEST FOR 2009 - 2010 TRANSITION REIMBURSEMENT MINI-GRANT FUNDS

The Michigan Transition Services Association (MTSA) has offered to provide minimal funding to MTSA members in order to support local school/agency programs and activities. Please note: Application requests must be postmarked by **Tuesday , December 1 , 2009**. Funds can be requested at either the district/building or agency level. The funds can be used to support Transition services in the following approved components:

MTSA Regional Priorities (example of permissive activities but not limited to the following):

- ✓ Job Coach
- ✓ Field Trip
- ✓ Video Library
- ✓ Specialized Transition Material
- ✓ Pay Substitute for Transition
- ✓ Related Absence
- ✓ Transportation to Job Site
- ✓ Student Incentives/Stipends
- ✓ Transition Curriculum Materials
- ✓ Specialized Transition
- ✓ Supplies/Equipment
- ✓ Workshop/Conference Expenses

INSTRUCTIONS

BEFORE THE ACTIVITY

To request funds, you ***must*** complete the following "Funding Request Form" and sign the "Performance Agreement" and return to your MTSA Representative.

Region 1

Sandy Steele
Clare-Godwin RESD
4041 E Mannisding RD
Clare , Mich 48617
989-386-8640
Fax : 989-386-8072

Region 2

Maria Peak
Eaton ISD
1790 E. Packard Hwy.
Charlotte, MI 48813
(517) 543-5500 Ext. 1132

Region 3

Kim Norman
Region 1 Special Education
Kent County
4561 Hunsberger NE
Grand Rapids , Mich 49525
616-361-3446

Region 1 Counties

Alcona-Alpena-Antrim-Benzie-
Charlevoix-Cheybogan-Clare-Crawford-
Emmet-Gladwin-Grand Traverse-Iosco-
Kalkaska-Lake-Leelanau-Manistee-Mason-
Missaukee-Montmorency-Ogemaw-
Oscoda-Otsego-Presque Isle-Roscommon-
Wexford

Region 2 Counties

Arenac-Bay-Clinton-Eaton-Genesee-
Gratiot-Huron-Ingham-Isabella-Lapeer-
Livingston-Mecosta-Midland-Osceola-
Saginaw-Sanilac-Shiawasee-Tuscola

Region 3 Counties

Allegan-Barry-Berrien-Branch-
Calhoun-Cass-Hillsdale-Ionia-
Kalamazoo-Kent-Montcalm-
Muskegon-Newaygo-Oceana-
Ottawa-St. Joseph-VanBuren

Region 4

Yolanda Bell
Ann Arbor Public Schools
2555 South State Street
Ann Arbor , Michigan
734-994-1826
belly@aaps.k12.mi.us

Region 4 Counties

Jackson-Lenawee-
Macomb-Monroe-
Oakland-St. Clair-
Washtenaw-Wayne

Region 5

Rick Conklin
Eastern UP ISD
1401 W Easterday Ave
Sault Ste Marie, Mi
49783
1-906-635-5681 ex 45
rconklin@eup.k12.mi.us

Region 5 Counties

Alger-Baraga-Chippewa-Delta-
Dickinson-Gogebic-Houghton-Iron-
Keweenaw-Luce-Mackinac-
Marquette-Menominee-Ontonagon-
Schoolcraft

AFTER THE ACTIVITY

You ***must*** complete the MTSA Post Activity Summary Form and return it to your MTSA Region Representative along with a wrap-up article (300-500 words) on how the mini-grant funds were used and the results. This article will be used for the MTSA newsletter. Send to the above representative address along with your **receipt(s) before April 20 , 2010**.



**MICHIGAN TRANSITION SERVICES ASSOCIATION 2009 - 2010
REGION REIMBURSEMENT MINI-GRANT FUNDING REQUEST FORM**

Proposed Activity Information

District/Building _____ County: _____

Current Member of Region 1 2 3 4 5 (Membership must be active prior to acceptance of mini-grant application.)

Contact person/teacher(s) _____ # (_____) _____

Address & E-Mail: _____

Type of Activity _____ # of students _____ # of teachers _____

of parents _____ # of business/industry _____ # of other _____

Date of activity _____ Location of activity _____

Length of activity (i.e. 1 hr, 3 days, etc.) _____

Expected Outcome of Activity: (Please attach a 1 page description).

Remember, this statement is the information used to determine who is awarded the mini-grant. Please be very descriptive in your written request.

Estimated Fiscal Information: \$ 2,000 is available. However, individual regions may decide to appropriate smaller amounts so that more grants can be awarded. Grant sizes & numbers may vary by Region. Please contact your MTSA Region Representative for specific information regarding grant amounts. (Date may change per board)

Cost of activity _____ Sub teachers _____

Cost of transportation _____ Supplies/materials _____

Purchased services _____ Miscellaneous _____

TOTAL FUNDS REQUESTED \$ _____

PERFORMANCE AGREEMENT

This agreement made between Michigan Transition Services Association (Circle One) Region 1 2 3 4 5 and _____ School District/Agency for purposes of implementing Transition Services. The above named district/agency will complete the Funding Request Form prior to receiving funds and will complete and return the Post Activity Summary and written article when the activity is completed. If requesting a MTSA Region Mini Grant, all paid receipts are to be returned to your MTSA Region Representative before April 20, 2010.

Signature of Building/Agency Administrator

Date

Signature of Contact Person/Teacher

Date

Please return this form to your MTSA Regional Representative. Please be sure to make a copy for your own use.



**MICHIGAN TRANSITION SERVICES ASSOCIATION 2009 - 2010
REIMBURSEMENT MINI-GRANT POST ACTIVITY SUMMARY**

Note: This form is to be completed after the activity is completed.

Activity Information

District/Building or Agency _____ Level of Participants: MOCI, SMI, SXI, Other _____

Contact Person/teacher(s) _____ Your Position: _____

Address & E-Mail _____ Region 1 2 3 4 5 _____

Type of Activity (Include participants and brief description) _____

Outcome of Activity _____

Attach summary and written article and turn in by April 20, 2010 to your region representative.

Comments _____

Actual Fiscal Information

Cost of Activity _____ Sub Teachers _____

Cost of Transportation _____ Supplies/Materials _____

Purchased Services _____ Miscellaneous _____

Total Cost of Activity \$ _____ **(Enclose Receipt)**

Total amount requested from your MTSA Region for this activity, not to exceed award amount \$ _____

Make check payable to: _____

Building/Agency Administrator & Telephone Number (Please Print)

Signature of Building/Agency Administrator

Date

Signature of Grant Recipient & Telephone Number

Date

Please return this form and article to your MTSA Region Representative by April 20, 2010. Please be sure to make a copy for your own use.



Linda Ratliff
 St. Clair High School
 2200 Clinton Avenue
 St. Clair, Mi 48079
 Work phone : 810-676-1713
 Fax : 810-676-1725
 E-mail : lratliff@east-china.k12.mi.us

PURCHASE/CHECK REQUISITION FOR REIMBURSEMENT

Due Date to Treasurer: April 30, 2010

Requested by: Region 1 2 3 4 5

Due Date to Region Representative: April 20, 2010

Please attach written article to this form.

Region Representative: _____

Date Submitted to Region Representative: _____

Payment payable to: _____

Receipts Specific to Mini Grant	DESCRIPTION	AMOUNT
ARTICLE and RECEIPTS REQUIRED FOR REIMBURSEMENT		
TOTAL		

 Signature of Mini-Grant Recipient Date

 Region Representative Date

Treasurer's Signature: _____

Date: _____

*** Attach receipt/request to requisition form.*

Date Paid	
Check #	
Acct. #	

_____ received mini grant funds in the amount of \$ _____.
 Award Winner

Check made out to: _____