



Request for Child Find Training Funds

Sponsored by Region 11 IEC

Fiscal Host Organization:

Address:

Contact Name:

Position:

Contact Phone:

Fax:

E-Mail:

Date of Request:

Amount Requested: *(not to exceed \$1000)* **Number to be trained:**

Signature of Contact Person:

Please respond to the items below and attach to this cover sheet.

Mail to: **Kathy McKay**, HMG Child Find/Public Awareness Coordinator

Metro ECSU, 2 Pine Tree Drive, Suite 101, Arden Hills, MN 55112

Or E-mail to: kathy.mckay@metroecsu.org

I. Title of Event:

II. Presenter(s):

III. Targeted Audience:

IV. Date/Time/Location of Event:

V. Training Objectives: **Must include** training related to child find and training on the Help Me Grow Initiative, referral process, & free resources. Planners are encouraged to include the parent perspective in the training event.

VI. Budget/Itemized List of Expenses: Include items such as presenter fees, space or equipment rental, copying, etc.

VII. Publicity: **Attach a copy** of the training flyer, agenda, mailing, or other notification of the event.

VIII. Evaluation: Upon approval of a funding request, an Evaluation Form and invoicing expense directions will be sent to the host organization contact. Expense reimbursement will be paid to the host organization for the total cost of the event – the host organization will pay the individual entities.

Questions: Contact **Kathy McKay** at 651-728-0400 or kathy.mckay@metroecsu.org