

Michigan Department of Education
Office of Special Education and Early Intervention Services
P.O. Box 30008
Lansing MI 48909

Authority: Section P.L. 108-446

Direct questions to regarding this from
to (517) 241-4025.

**SPECIAL EDUCATION MANDATED ACTIVITIES PROJECT
PROGRAM YEAR 2009-2010**

APPLICANT	Applicant Name		District Code
	Address		
	City		Zip Code
	Telephone	Fax	

CONTACT PERSON	Contact Name		
	Address		
	City		Zip Code
	Telephone	Fax	
	Email Address		

SPECIAL EDUCATION MANDATED ACTIVITIES PROJECT
LONG TERM PROJECT OUTCOMES
FY 2009-2010

District Name _____ District Code _____

Long Term Project Outcomes:

**SPECIAL EDUCATION MANDATED ACTIVITIES PROJECT
SHORT TERM AND/OR INTERMEDIATE OUTCOMES
FY 2009-2010**

District Name _____ District Code _____

Long-Term Project Outcome:

Outcome Number

Short-Term and/or Intermediate Outcome(s)

Impact Evaluation Plan

Criteria for Successful Outcomes

Measurement Tools/Strategies

Data Collection Schedule/Cycle

Baseline Data

**SPECIAL EDUCATION MANDATED ACTIVITIES PROJECT
ACTION PLAN
FY 2009-2010**

District Name _____ District Code _____

Key Activity

Outcomes

Long-Term Outcomes

Short Term Outcomes

**SPECIAL EDUCATION MANDATED ACTIVITIES PROJECT
ACTION PLAN
FY 2009-2010**

District Name _____ District Code _____

Resources Needed to Implement Activity (include primary person responsible)

Project Outputs

Timeline

Process Evaluation Plan

Criteria for Successful Products/Outputs Criteria for Successful Products/Outputs

Measurement Tools/Strategies

Data Collection Schedule/Cycle

**MICHIGAN DEPARTMENT OF EDUCATION
SPECIAL EDUCATION MANDATED ACTIVITIES PROJECT
BUDGET SUMMARY**

BUDGET SUMMARY – REGULAR							
Legal Name of Applicant							
District Code	Grant Number	Project Number	CFDA Number	Project Type	Starting Date	Ending Date	Fiscal Year

FUNCTION CODE	FUNCTION TITLE	SALARIES 1000	BENEFITS 2000	PURCHASED SERVICES 3000	SUPPLIES & MATERIALS 5000	CAPITAL OUTLAY 6000	OTHER EXPENSES 7000	TOTAL
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
260	Operation and Maintenance							
280	Central Support Services							
290	Other Support Services							
440	Payment to Other Governmental Entities							
610	Fund Modifications (Other Operating Transfers Out)							
	Sub-Total							
	Indirect Costs	Enter dollar amount only, do not enter %. Restricted Rate (Max allowed: 8%)						
	TOTAL							
	Total Allocation Amount (Estimated):					Allocation Balance:		

DATE BUSINESS OFFICE REPRESENTATIVE PHONE

DATE PROJECT CONTACT PERSON PHONE