



## S.M.A.R.T. Workshop Application

### Workshop Costs

- **S.M.A.R.T. Workshop Base Fee** **\$12,000**
- **Training Materials per participant:** **\$125 per participant**
  - S.M.A.R.T. Manual - **\$50 per manual**. This is used throughout the 4 day workshop and as a reference tool when implementing the program.
  - S.M.A.R.T. Curriculum Guide - **\$40 per manual**. This is used throughout the 4 day workshop and as a reference tool when implementing the program.
  - Make and Take Materials - **\$35 per person**. These materials are used by participants to create items they will take back to the school with them so they can immediately start implementing the program.

In addition to the base fee and material costs, other expenses include:

- **Travel Expenses for 3 member S.M.A.R.T. Team** **\$ to be determined**
  - These include airfare, rental car and gas, mileage, hotels, food and shipment of materials to the workshop site (materials do not always come from our Minneapolis location, as they may come from a different workshop location).
  - If the number of participants is larger than 40, it is left up to the discretion of the MLRC to send another presenter and the additional cost of that will be **\$1,500 plus expenses**.
- **Additional Costs** **\$ to be determined**
  - The host site is expected to pay for:
    - Rental Space for the workshop
    - Substitute teachers for the workshop
    - Meals, snacks, and beverages for the participants during the workshop. The MLRC can provide the host site with a list of suggestions for snacks and meals.
    - Pencils, pens, post it notes and highlighters for each participant

## S.M.A.R.T. Workshop Application Form

This needs to be filled out if you are interested in hosting a workshop.  
A contract will be sent out upon notification to the MLRC that you definitely want a workshop.

Workshops will be confirmed and contracted on a first come, first serve basis.

### Contact information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

School/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Alternative Phone Number: \_\_\_\_\_

Number of participants expected: \_\_\_\_\_ Funding Source: \_\_\_\_\_

Will you be co-hosting the workshop with other schools/organizations? \_\_\_\_\_

Please indicate the dates that you are interested in hosting a workshop: \_\_\_\_\_

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Please indicate the type of facility where workshop will be held:

School: \_\_\_ Hotel: \_\_\_ Convention Center: \_\_\_ Other (please describe): \_\_\_\_\_

\*If held in the summer, site must be air-conditioned.

\*\* All workshops will run Tuesday - Friday unless otherwise discussed with the MLRC.

### S.M.A.R.T. Workshop Contract

This is to confirm that the site below will host a S.M.A.R.T. Workshop

Name of Host Site (school, district, etc.) \_\_\_\_\_

Date of the S.M.A.R.T. Workshop: \_\_\_\_\_

Designated Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Workshop Location Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person for billing: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The MLRC will bill one entity (fiscal agent) for the entire cost of the workshop. Should additional schools, districts, etc be interested in attending the workshop, the fiscal agent is responsible for any and all additional billing to those sites.

The Host Site must provide the MLRC a guaranteed number of participants two weeks prior to the first day of the workshop. Billing for all materials will be based on the guaranteed number. No refunds are issued for cancellations after the two week required date.

The workshop Designated Contact signer below understands and has agreed upon estimated costs for the SMART workshop. Based on these projected costs, the Host site, through the signature of the Workshop Designated Contact, agrees to pay all invoiced expenses from A Chance To Grow/Minnesota Learning Resource Center for the S.M.A.R.T. Workshop to be held on the above dates.

\_\_\_\_\_  
Workshop Coordinator, Amy Deden

\_\_\_\_\_  
Workshop Designated Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

612-706-5549 [adeden@actg.org](mailto:adeden@actg.org)