

My Community, My Vision Supervisor Expectations Pledge

My Community, My Vision (MCMV) program is an innovative program that gives high school students a hand in building great places in their community. The program is supported by the Indiana Housing and Community Development Authority (IHCDA) and Patronicity. Below is a list of your expected responsibilities as a supervisor in this program. **Please initial after each section to acknowledge your understanding of these expectations.**

1. All members of the participating groups are expected to attend all three workshops—the kick-off, fundraising workshop, and finale—with their council supervisor.

- **December 4th, 2023** Student Leader and Supervisor Orientation (Virtual)
- **January 13th, 2024** Kick Off Workshop Event (Location TBD)
- **March 2nd, 2024** Check In Workshop Event (Location TBD)
- **March 2024** Fundraising Campaigns Launch
- **April 2024** Fundraising Campaigns Close
- **April 27th, 2024** Final Presentation Event in Indianapolis

*Event dates are subject to change. Because of this, IHCDA allows some flexibility in students unable to attend an event date. Please note that these workshops are essential in the MCMV process and should be treated as a high priority.

Supervisor Initials _____

2. Supervisors are responsible for submitting required documentation for all MCMV participants (students and adults) with their application materials.

Supervisor Initials _____

3. Supervisors are responsible to read through all Supervisor Orientation materials and attend Supervisor Orientation check in with IHCDA and Patronicity staff.

Supervisor Initials _____

4. Supervisors are expected to meet with student leaders/student groups on a regular basis to ensure project progress and to respond to IHCDA and Patronicity staff in a timely matter in regards to project updates.

Supervisor Initials _____

5. If a group experiences any challenges or issues during their fundraising campaign, supervisors are expected to notify and work with Patronicity/IHCDA in a timely manner.

Supervisor Initials _____

If you have any questions or concerns about your role as a My Community, My Vision supervisor, please feel free to contact Meagan Heber with IHCDCA at mheber@ihcda.in.gov or 317.234.3727.

I have read the expectations, including the 2023-2024 program timeline. I understand my role as a My Community, My Vision supervisor.

Supervisor Signature

Date

Supervisor Printed Name