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GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

DEPUTY SUPERINTENDENT

1. Official Name of Grant Program:

Date of SBE approval of grant criteria 4/24/2003

2003 - 2004 Special Projects Grants Under Centers for Disease Control and Prevention Funding for FY 2004  
 Initial  Amendment  Continuation  
(years) (title) (type)

Legislation Authorizing this Grant Program:

Federal Grant CFDA Number 93.938  State Grant  Other (Private, Foundation)

2. Type and Purpose of Grant Program: (check one)

Special project school health negotiated grants will be disseminated to support coordination and support for the Youth Risk Behavior Survey; carry out a variety of major activities in the Coordinated School Health Program federal grant; provide trainings and workshops to parents, teachers, and agency staff; evaluate and provide coordination and oversight on specific projects named in the federal grant; develop a white paper; provide technical assistance; develop networks to enhance statewide efforts for school health collaboration; and, support the annual Wellness Conference.

Competitive  
 Formula  
 Other  
Designated \_\_\_\_\_  
(specify)

3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)

Priorities

- Integrating Communities and Schools
- Elevating Educational Leadership
- Embracing the Information Age
- Ensuring Early Childhood Literacy
- Ensuring Excellent Educators

Policies

- Bullying
- Character Education
- Creating Effective Learning Environments
- Family Involvement
- Safe Schools

Other  
\_\_\_\_\_  
(specify)

4. Grant Categories (if not described in Item 2):  NOT APPLICABLE

5. Target Population to be Served by Grant:

Michigan educators, collaborative partner agencies, and school-aged youth.

6. Total Funds Awarded:

Previously awarded to other applicants: \$120,960  
New award: \$154,939  
Total grants awarded: \$275,899

7. Eligible Applicants:

Designated applicants are Educational Materials Center/Central Michigan University, Michigan Department of Community Health, Michigan Education Special Services Association (MESSA), Governor's Council on Physical Fitness, Health and Sports/Michigan Fitness Foundation, Michigan Maternal and Child Health Council, Michigan Congress of Parents, Teachers, and Students, School Community Health Alliance/Michigan Primary Care Association, Calhoun Intermediate School District, Michigan Inter-Tribal Council, Michigan Public Health Institute, and American Cancer Society.

8. Description of Priorities Given to Any Specific Population or Location:  NOT APPLICABLE

9. Grant Administration:

<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
School Excellence	Curriculum Leadership	Elizabeth C. Haller Acting Supervisor	373-7248 335-0565

9289 461

<p>10. OFFICE</p> <p>Office Director Approval Signature: _____</p> <p>Phone: <u>13592</u></p> <p>Comments: _____</p>	<p><u>Margaret Galloway</u></p>	<p>Date: <u>10/10/03</u></p>
<p>11. BUDGET OFFICE</p> <p>Budget Office Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>N/A</u></p>	<p>Date: _____</p>
<p>12. GRANTS OFFICE</p> <p>Grants Office Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Mary Ann Chartrand</u></p> <p><u>Exhibits B and C are not required.</u></p>	<p>Date: <u>10/15/03</u></p>
<p>13. DEPUTY SUPERINTENDENT</p> <p>Deputy Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Jenny Hughes</u></p>	<p>Date: <u>10-22-03</u></p>
<p>14. SUPERINTENDENT</p> <p>Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>FW</u></p>	<p>Date: <u>10-29-03</u></p>

**INSTRUCTIONS:**

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
  - Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
  - Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
  - Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

**2003-2004 Special Projects Grants  
Under Centers for Disease Control and Prevention  
Funding for FY 2004**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
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Michigan Inter-Tribal Council	\$72,982	\$72,982
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The Michigan Inter-Tribal Council will build the awareness, support, and capacity of Michigan's Native American organizations and tribes to implement culturally appropriate HIV/STD prevention interventions for American Indian youth that reflect the teachings and traditions of the American Indian culture and promote personal and cultural pride.

Michigan Public Health Institute	\$81,957	\$81,957
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The Michigan Public Health Institute will build the capacity of communities focusing on abstinence-only initiatives to broaden their coalition and strengthen relationships with agencies and individuals with an abstinence-based perspective and build the capacity of local communities funded to conduct abstinence initiatives to develop, implement, and evaluate effective parent-involvement strategies and interventions.