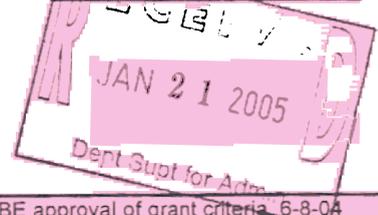


Direct questions regarding
this form to 31806.



GRANT OFFICE USE ONLY
Notification to ITS:
Initials:

GRANT AWARD APPROVAL FORM

1. Official Name of Grant Program:		Date of SBE approval of grant criteria: 6-8-04	
2004 - 2005	Special Projects Grants Under Centers for Disease Control and Prevention Funding for FY 2005	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Amendment
(years)	(title)	(type)	
Legislation Authorizing this Grant Program:			
<input checked="" type="checkbox"/> Federal Grant CFDA Number 93.938		<input type="checkbox"/> State Grant	
		<input type="checkbox"/> Other (Private, Foundation)	
2. Type and Purpose of Grant Program: (check one)		<input type="checkbox"/> Competitive	
Special project school health negotiated grants will be disseminated to assist in coordination and support to improve the health, well-being, and educational achievement of Michigan youth through the coordination of health programs and policies in schools and communities; and build partnerships among key stakeholders in health and education in order to reduce risk for skin cancer and promote sun safety among youth.		<input type="checkbox"/> Formula	
		<input checked="" type="checkbox"/> Other	
		Designated _____ (specify)	
3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)			
<u>Priorities</u>		<u>Policies</u>	
<input checked="" type="checkbox"/> Integrating Communities and Schools	<input type="checkbox"/> Bullying	<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Elevating Educational Leadership	<input type="checkbox"/> Character Education	_____	
<input type="checkbox"/> Embracing the Information Age	<input checked="" type="checkbox"/> Creating Effective Learning Environments	(specify)	
<input type="checkbox"/> Ensuring Early Childhood Literacy	<input type="checkbox"/> Family Involvement		
<input checked="" type="checkbox"/> Ensuring Excellent Educators	<input type="checkbox"/> Safe Schools		
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> 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:	New award:	Total grants awarded:	
\$ 437,300	\$ 24,442	\$ 461,742	
7. Eligible Applicants: Designated applicants are: Governor's Council on Physical Fitness, Health and Sports/Michigan Fitness Foundation, Michigan Council for Maternal and Child Health, Michigan Department of Community Health, Michigan Congress of Parents, Teachers, and Students, American Cancer Society, Michigan Public Health Institute, Inter-Tribal Council of Michigan, and Michigan AIDS Fund.			
8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE			
9. Grant Administration:			
Office Grants Coordination and School Support	Unit Coordinated School Health and Safety Programs	Contact Elizabeth C. Haller Supervisor	Phone 241-4284 335-0565

8370 977

<p>10. OFFICE</p> <p>Office Director Approval Signature: _____</p> <p>Phone: _____</p>	<p><u>Mary A. Chertoff</u></p> <p>Comments: _____</p>	<p>Date: <u>1/20/05</u></p>
<p>11. BUDGET OFFICE</p> <p>Budget Office Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>u/s</u></p>	<p>Date: _____</p>
<p>12. GRANTS OFFICE</p> <p>Grants Office Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Mary A. Chertoff</u></p> <p>Exhibits B and C are not required.</p>	<p>Date: <u>1/20/05</u></p>
<p>13. DEPUTY SUPERINTENDENT</p> <p>Deputy Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Carl Woltenberg</u></p>	<p>Date: <u>1-25-05</u></p>
<p>14. SUPERINTENDENT</p> <p>Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Tom Gato</u></p>	<p>Date: <u>1/25/05</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.

**2004-2005 Special Projects Grants
Under Centers for Disease Control and Prevention
Funding for FY 2005**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan AIDS Fund	\$ 16,800	\$ 16,800
Governor's Council on Physical Fitness, Health, and Sports/Michigan Fitness Foundation	\$ 7,642	\$ 7,642