

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

# GRANT AWARD APPROVAL FORM

<b>1. Official Name of Grant Program:</b>		<b>Date of SBE approval of grant criteria 6-8-04</b>	
2005 - 2006	Special Projects Grants Under Centers for Disease Control and Prevention Funding for FY-2006		
(years)	(title)	<input checked="" type="checkbox"/> Initial (type)	<input type="checkbox"/> Amendment <input type="checkbox"/> Continuation
<b>Legislation Authorizing this Grant Program:</b>			
<input checked="" type="checkbox"/> Federal Grant CFDA Number 93.938		<input type="checkbox"/> State Grant <input type="checkbox"/> Other (Private, Foundation)	
<b>2. Type and Purpose of Grant Program: (check one)</b>			
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"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other Designated _____ (specify)
<b>3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)</b>			
<u>Priorities</u>		<u>Policies</u>	
<input checked="" type="checkbox"/> Integrating Communities and Schools	<input type="checkbox"/> Bullying	<input type="checkbox"/> Other _____ (specify)	
<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		
<input type="checkbox"/> Ensuring Early Childhood Literacy	<input checked="" type="checkbox"/> Family Involvement		
<input checked="" type="checkbox"/> Ensuring Excellent Educators	<input type="checkbox"/> Safe Schools		
<b>4. Grant Categories (if not described in Item 2):</b> <input checked="" type="checkbox"/> NOT APPLICABLE			
<b>5. Target Population to be Served by Grant:</b> Michigan educators, collaborative partner agencies, and school-aged youth.			
<b>6. Total Funds Awarded:</b>			
Previously awarded to other applicants: \$0	New award: \$55,922	Total grants awarded: \$55,922	
<b>7. Eligible Applicants:</b> Designated applicants are: Governor's Council on Physical Fitness, Health and Sports/Michigan Fitness Foundation, Michigan Department of Community Health, Michigan Congress of Parents, Teachers, and Students, American Cancer Society, Michigan Public Health Institute, Parenting Network, and Michigan AIDS Fund.			
<b>8. Description of Priorities Given to Any Specific Population or Location:</b> <input checked="" type="checkbox"/> NOT APPLICABLE			
<b>9. Grant Administration:</b>			
<u>Office</u> Grants Coordination and School Support	<u>Unit</u> Coordinated School Health and Safety Programs	<u>Contact</u> Elizabeth C. Haller Supervisor	<u>Phone</u> 241-4284 335-0565

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<p>10. OFFICE</p> <p>Office Director Approval Signature: _____</p> <p>Phone: _____</p>	<p><u>Mary Ann Chantrel</u></p> <p>Comments: _____</p>	<p>Date: <u>4/5/05</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 Chantrel</u></p> <p>Exhibits B + C not required.</p>	<p>Date: <u>4/5/05</u></p>
<p>13. DEPUTY SUPERINTENDENT</p> <p>Deputy Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Paul Wolenberg</u></p>	<p>Date: <u>4-11-05</u></p>
<p>14. SUPERINTENDENT</p> <p>Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Jerry M Hughes</u></p>	<p>Date: <u>4-15-05</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.

**2005-2006 Special Projects Grants  
Under Centers for Disease Control and Prevention  
Funding for FY 2006**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan Public Health Institute	\$ 55,922	\$ 55,922