

GRANT OFFICE USE ONLY

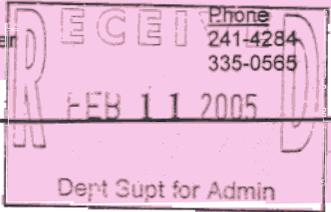
Notification to ITS:

Initials:

# GRANT AWARD APPROVAL FORM

|   |  |  |
|---|--|--|
| <b>1. Official Name of Grant Program:</b>   |  | Date of SBE approval of grant criteria 6-8-04  |
| 2004 - 2005<br>(years)  | Special Projects Grants Under Centers for Disease Control and Prevention Funding for FY 2005<br>(title)  | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amendment<br><input type="checkbox"/> Continuation<br>(type)                   |
| Legislation Authorizing this Grant Program:   |  |  |
| <input checked="" type="checkbox"/> Federal Grant CFDA Number 93.938  |  | <input type="checkbox"/> State Grant<br><input type="checkbox"/> Other (Private, Foundation)   |
| <b>2. Type and Purpose of Grant Program: (check one)</b>  |  | <input type="checkbox"/> Competitive<br><input type="checkbox"/> Formula<br><input checked="" type="checkbox"/> Other<br>Designated _____<br>(specify) |
| <b>3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)</b>  |  |  |
| <u>Priorities</u><br><input checked="" type="checkbox"/> Integrating Communities and Schools<br><input checked="" type="checkbox"/> Elevating Educational Leadership<br><input type="checkbox"/> Embracing the Information Age<br><input type="checkbox"/> Ensuring Early Childhood Literacy<br><input checked="" type="checkbox"/> Ensuring Excellent Educators  | <u>Policies</u><br><input type="checkbox"/> Bullying<br><input type="checkbox"/> Character Education<br><input checked="" type="checkbox"/> Creating Effective Learning Environments<br><input type="checkbox"/> Family Involvement<br><input type="checkbox"/> Safe Schools | <input type="checkbox"/> Other<br>_____<br>(specify)   |
| <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><br>Michigan educators, collaborative partner agencies, and school-aged youth.  |  |  |
| <b>6. Total Funds Awarded:</b>  |  |  |
| Previously awarded to other applicants:<br>\$ 461,742   | New award:<br>\$ 30,859  | Total grants awarded:<br>\$ 492,601  |
| <b>7. Eligible Applicants:</b><br>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. |  |  |
| <b>8. Description of Priorities Given to Any Specific Population or Location:</b> <input checked="" type="checkbox"/> NOT APPLICABLE  |  |  |
| <b>9. Grant Administration:</b>   |  |  |
| <b>Office</b><br>Grants Coordination and School Support   | <b>Unit</b><br>Coordinated School Health and Safety Programs   | <b>Contact</b><br>Elizabeth C. Haller<br>Supervisor<br><b>Phone</b><br>241-4284<br>335-0565  |

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|   |   |                      |
|---|---|----------------------|
| 10. OFFICE                                |   |                      |
| Office Director Approval Signature:       | <u>Mary A. Chantel</u>                    | Date: <u>2/10/05</u> |
| Phone: _____                              | Comments:                                 |                      |
| 11. BUDGET OFFICE                         |   |                      |
| Budget Office Approval Signature:         | <u>N/A</u>                                | Date: _____          |
| Comments:                                 |   |                      |
| 12. GRANTS OFFICE                         |   |                      |
| Grants Office Approval Signature:         | <u>Mary A. Chantel</u>                    | Date: <u>2/10/05</u> |
| Comments:                                 | <u>Exhibits B and C are not required.</u> |                      |
| 13. DEPUTY SUPERINTENDENT                 |   |                      |
| Deputy Superintendent Approval Signature: | <u>Coral Wolinsky</u>                     | Date: <u>2-14-05</u> |
| Comments:                                 |   |                      |
| 14. SUPERINTENDENT                        |   |                      |
| Superintendent Approval Signature:        | <u>Jimmy M. Hughes</u>                    | Date: <u>2-15-05</u> |
| Comments:                                 |   |                      |

**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> |
|--|-------------------------|---------------------------|
| Governor's Council on Physical Fitness,<br>Health, and Sports/Michigan Fitness<br>Foundation | \$ 30.859               | \$ 30.859                 |