

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

RECEIVED

NOV 26 2003

DEPUTY SUPERINTENDENT

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

1. Official Name of Grant Program: -

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

Initial (years) Amendment (title) Continuation (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	Policies	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Integrating Communities and Schools	<input checked="" type="checkbox"/> Bullying	_____ (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 type="checkbox"/> Family Involvement	
<input checked="" type="checkbox"/> Ensuring Excellent Educators	<input checked="" type="checkbox"/> Safe Schools	

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: \$536,069	New award: \$5,000	Total grants awarded: \$541,069
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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 Council for Maternal and Child Health, 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:

Office School Excellence	Unit School Excellence	Contact Elizabeth C. Haller	Phone 241-4284 335-0565
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10. OFFICE	Office Director Approval Signature: <u>Margaret Yellowag</u>	Date: <u>11/19/03</u>
	Phone: <u>1485</u>	Comments:
11. BUDGET OFFICE	Budget Office Approval Signature: <u>N/A</u>	Date: _____
	Comments:	
12. GRANTS OFFICE	Grants Office Approval Signature: <u>Mary Ann Chartrand</u>	Date: <u>11/21/03</u>
	Comments:	
	Exhibits B and C are not required	
13. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u>Doreen Hughes</u>	Date: <u>12-2-03</u>
	Comments:	
14. SUPERINTENDENT	Superintendent Approval Signature: <u>Tom Wetton</u>	Date: <u>12-2-03</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.

**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>
Michigan Council for Maternal and Child Health	\$5,000	\$5,000