

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 8/8/02
2003 - 04 (years)	Supplemental Educational Service Providers (title)	<input checked="" type="checkbox"/> Initial (type) <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation
Legislation Authorizing this Grant Program:		
<input type="checkbox"/> Federal Grant CFDA Number	<input type="checkbox"/> State Grant	<input type="checkbox"/> Other (Private, Foundation)
2. Type and Purpose of Grant Program: (check one) Title I of NCLB requires state educational agencies to approve providers of supplemental educational services and to maintain and disseminate an approved list. Parents select providers from the state-approved list. Criteria for supplemental educational service providers were approved by the State Board of Education on August 8, 2002.		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other Approval of Providers _____ (specify)
3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)		
<u>Priorities</u> <input checked="" type="checkbox"/> Integrating Communities and Schools <input type="checkbox"/> Elevating Educational Leadership <input checked="" type="checkbox"/> Embracing the Information Age <input type="checkbox"/> Ensuring Early Childhood Literacy <input type="checkbox"/> Ensuring Excellent Educators	<u>Policies</u> <input type="checkbox"/> Bullying <input type="checkbox"/> Character Education <input checked="" type="checkbox"/> Creating Effective Learning Environments <input checked="" type="checkbox"/> Family Involvement <input type="checkbox"/> Safe Schools	<input type="checkbox"/> Other _____ (specify)
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE		
5. Target Population to be Served by Grant: Low-income students who are enrolled in Title I schools that have not made adequate yearly progress for three consecutive years.		
6. Total Funds Awarded: Not Applicable		
7. Eligible Applicants: Non-profit entities, for profit entities, institutions for higher education, intermediate school districts and local school districts that provide supplemental educational services in accordance with the State Board of Education approved criteria.		
8. Description of Priorities Given to Any Specific Population or Location: <input type="checkbox"/> NOT APPLICABLE If funding or service providers are not available for all eligible students, priority is given to the lowest-achieving eligible students.		
9. Grant Administration:		
<u>Office</u> Office of Field Services	<u>Unit</u> Central Support	<u>Contact</u> Linda Brown <u>Phone</u> 517-373-3921

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<p>10. OFFICE</p> <p>Office Director Approval Signature: _____</p> <p>Phone: <u>373-3668</u></p> <p>Comments:</p>	<p><u>[Signature]</u></p>	<p>Date: <u>7/22/03</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>[Signature]</u></p> <p><i>Exhibits B and C are not required.</i></p>	<p>Date: <u>7/18/03</u></p>
<p>13. DEPUTY SUPERINTENDENT</p> <p>Deputy Superintendent Approval Signature: _____</p> <p>Comments:</p>	<p><u>[Signature]</u></p> <p><i>Tom - These are to be additions to the supplemental service provider list.</i></p>	<p>Date: <u>7-28-03</u></p>
<p>14. SUPERINTENDENT</p> <p>Superintendent Approval Signature: _____</p> <p>Comments:</p>	<p><u>[Signature]</u></p>	<p>Date: _____</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.

Recommended Supplemental Educational Service Providers
July 23, 2003

Achieve Tutorial Service, Inc.
989 Spaulding Ave. SE
Grand Rapids, MI 49546
616-222-1700

Bay-Arenac ISD
4228 Two Mile Road
Bay City, MI 48706
989-686-4410

Detroit Learning Center
18325 W. McNichols
Detroit, MI 48219
313-535-4088

I CAN Learn Education Systems
3520 Gen. DeGaulle Drive, Suite 1100
New Orleans, LA 70114
504-263-4205

Innovative Educational Programs, LLC
287 Childs Road
Basking Ridge, NJ 07920
908-630-9600

Lindamood-Bell Learning Processes
416 Higuera Street
San Luis Obispo, CA 93401
800-233-1819

Warren Conner Development Coalition
11148 Harper Avenue
Detroit, MI 48213
313-571-2800

Warren Consolidated Schools
31300 Anita
Warren, MI 48093
586-825-2400