

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)		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other Approval of Providers _____ (specify)	
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.			
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"/> Elevating Educational Leadership	<input type="checkbox"/> Bullying	<input type="checkbox"/> Character Education
<input checked="" type="checkbox"/> Embracing the Information Age	<input type="checkbox"/> Ensuring Early Childhood Literacy	<input checked="" type="checkbox"/> Creating Effective Learning Environments	<input checked="" type="checkbox"/> Family Involvement
<input type="checkbox"/> Ensuring Excellent Educators		<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><u>[Signature]</u></p> <p>Comments: _____</p>	<p>Date: <u>6-4-03</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><u>Exhibits B and C are not required.</u></p>	<p>Date: <u>6-5-03</u></p>
<p>13. DEPUTY SUPERINTENDENT</p> <p>Deputy Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>[Signature]</u></p> <p><u>Tom - you'll notice school districts here. all made AYP as a district</u></p>	<p>Date: <u>6-10-03</u></p>
<p>14. SUPERINTENDENT</p> <p>Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>[Signature]</u></p>	<p>Date: <u>6-12-03</u></p>

**INSTRUCTIONS:**

- A. Complete items 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  
June 20, 2003**

**Academia.net, LLP  
1511 Burns Avenue  
St. Paul, MN 55106  
651-771-8883**

**Fenton Area Public Schools C.E.  
3200 W. Shiawassee  
Fenton, MI 48430  
810-591-2622**

**Monroe Learning Academy, Monroe Public Schools  
1275 N. Macomb Street  
Monroe, MI 48162  
734-241-0330**

**Professional Training Concepts, Educational Services  
8816 Pioneer Road, Suite One  
Berrien Springs, MI 49103  
269-473-3930**

**Romulus Community Schools  
36540 Grant Road  
Romulus, MI 48174  
734-532-1755**

**The Family Learning Institute of Ann Arbor  
1954 South Industrial Highway, Suite C  
Ann Arbor, MI 48104  
734-995-6816**

**Yale Public Schools  
198 School Drive  
Yale, MI 48097  
810-387-3231**