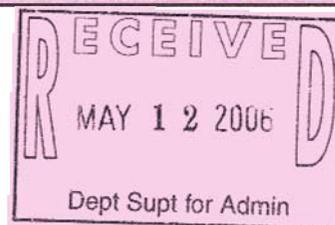


GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:		Date of SBE Approval of Grant Criteria 6-8-04	
2006--2007 (years) (years)		Special Projects Grants Under Centers for Disease Control and Prevention (title)	
Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation			
Legislation Authorizing This Grant Program:			
<input checked="" type="checkbox"/> Federal Grant: CFDA Number 93.938		<input type="checkbox"/> State Grant	<input type="checkbox"/> Other (Private, Foundation)
2. Purpose of Grant Program: Special project 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 & policies in schools & communities to reduce the risk for skin cancer & promote sun safety.		Type of Grant Program: (check one)	
		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Designated	
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"/> Bullying	
<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	
<input type="checkbox"/> Other: (specify below)			
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE			
5. Target Population to be Served by Grant: Michigan educators, collaborative partner agencies, and school-aged youth.			
6. Total Funds Awarded: \$355,124			
7. Eligible Applicants: Designated applicants are: Michigan Department of Community Health, Michigan Public Health Institute, Michigan Primary Care Association, and American Cancer Society.			
8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE			
9. Grant Administration:			
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Grants Coordination and School Support	Coord. School Health & Safety Programs	Kyle Guerrant	50565
Prepared by: Patty Lawless		Phone Number: 31122	



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10. OFFICE

Office Director Approval Signature: Mary Ann Chartrand Date: 5/12/06

Phone: _____ Comments: _____

11. GRANTS OFFICE

Grants Office Approval Signature: Mary Ann Chartrand Date: 5/12/06

Comments: _____

Exhibit A Not Required Exhibit B Not Required Exhibit C Not Required

12. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: Carol Zwickler Date: 5-12-06

Comments: _____

13. SUPERINTENDENT

Superintendent Approval Signature: [Signature] Date: _____

Comments: _____

INSTRUCTIONS

A. Complete items 1-10 on this form. The Grants Administration and Coordination 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. Link to: <http://mdeintranet/inside/off/grants/grants.htm> for sample maps.

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 Grants Administration and Coordination Unit.

**2006-2007 Special Projects Grants
Under Centers for Disease Control and Prevention
Funding for FY 2007**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
American Cancer Society	\$ 126,962	\$ 126,962
Michigan Department of Community Health	\$ 100,000	\$ 100,000
Michigan Department of Community Health/Cancer Unit	\$ 10,000	\$ 10,000
Michigan Primary Care Association	\$ 85,860	\$ 85,860
Michigan Public Health Institute	<u>\$ 32,302</u>	<u>\$ 32,302</u>
<u>TOTAL</u>	\$ 355,124	\$ 355,124