

Direct questions regarding this form to 3-1806.

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM: _____ Date of SBE Approval of Grant Criteria **6/8/04**

2005--2006 Special Projects Grants Under Centers for Disease Control and Prevention
(years) (years) (title)

Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program:

Federal Grant: CFDA Number 93.938 State Grant Other (Private, Foundation)

2. Purpose of Grant Program: Special project school health negotiated 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 and policies in schools and communities; and build partnerships.
Type of Grant Program: (check one)
 Competitive
 Formula
 Other: (specify below) Legislatively Designated

3. SBE Priorities and Policies That This Grant Program Supports: (check all that apply)

<u>Priorities</u>	<u>Policies</u>	<input type="checkbox"/> Other: (specify below)
<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	

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:
396,725

7. Eligible Applicants:
Gov's Council on Physical Fitness, MI Department of Community Health, MI Congress of Parents Teachers Students, American Cancer Society, MI Public Health Institute, Prevention Network, MI AIDS Fund.

8. Description of Priorities Given to Any Specific Population or Location: NOT APPLICABLE

9. Grant Administration:

<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Grants Coordination and School Support	Coordinated School Health and Safety	Kyle Guerrant	14284

Prepared by: **Patty Lawless** Phone Number: **31122**

1545
10119

RECEIVED
FEB 09 2006
Dept Supt for Admin

10. OFFICE

Office Director Approval Signature:

Maryln Chant

Date: 2/3/06

Phone:

Comments:

11. BUDGET OFFICE

Budget Office Approval Signature:

N/A

Date: _____

Comments:

12. GRANTS OFFICE

Grants Office Approval Signature:

Maryln Chant

Date: 2/3/06

Comments:

Exhibits B + C are not required

13. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature:

Carl Wolberg

Date: 2-10-06

Comments:

14. SUPERINTENDENT

Superintendent Approval Signature:

[Signature]

Date: 2-21-06

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.

**2005-2006 Special Projects Grants
Under Centers for Disease Control and Prevention
Funding for FY 2006**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Prevention Network	\$ 10.600	\$ 10.600