

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 7/24/03

2005--2006 Title II Teacher Quality Statewide Activities  
(years) (years) (title)

Type:  Initial  Amendment  Continuation

Legislation Authorizing This Grant Program:

Federal Grant: CFDA Number 84.367A  State Grant  Other (Private, Foundation)

2. Purpose of Grant Program:  
To support statewide activities for high priority schools and to provide all teachers with professional development, and instructional models that address Content Expectations specifically focusing on secondary education.

Type of Grant Program: (check one)

- Competitive  
 Formula  
 Other: (specify below)  
State Activities Grant, Best Source

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

Priorities

- Integrating Communities and Schools  
 Elevating Educational Leadership  
 Embracing the Information Age  
 Ensuring Early Childhood Literacy  
 Ensuring Excellent Educators

Policies

- Bullying  
 Character Education  
 Creating Effective Learning Environments  
 Family Involvement  
 Safe Schools

Other: (specify below)

4. Grant Categories (if not described in Item 2):  NOT APPLICABLE

5. Target Population to be Served by Grant:

Teachers and principals with the emphasis on high priority schools.

6. Total Funds Awarded:

Previous Award - \$300,000  
Recommended Increase - \$216,000  
Total Award - \$516,000

7. Eligible Applicants:

An applicant with a history of coordinating activities for the high priority schools.

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

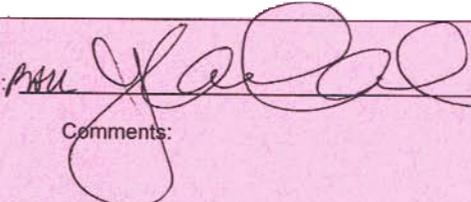
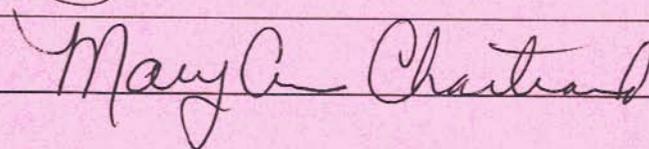
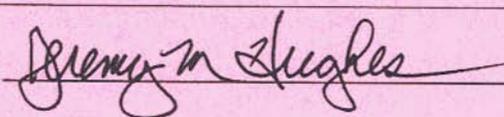
9. Grant Administration:

Office	Unit	Contact	Phone
Office of School Improvement	Director's Office	Yvonne Caamal Canul	13147

Prepared by: Catherine McClain

Phone Number: 14285

12679  
1630

<b>10. OFFICE</b>		
Office Director Approval Signature: <u></u>	Date: <u>3-29-2006</u>	
Phone: _____	Comments: _____	
<b>11. GRANTS OFFICE</b>		
Grants Office Approval Signature: <u></u>	Date: <u>4/4/06</u>	
Comments: _____		
<input type="checkbox"/> Exhibit A Not Required	<input checked="" type="checkbox"/> Exhibit B Not Required	<input checked="" type="checkbox"/> Exhibit C Not Required
<b>12. DEPUTY SUPERINTENDENT</b>		
Deputy Superintendent Approval Signature: <u></u>	Date: <u>5-15-06</u>	
Comments: _____		
<b>13. SUPERINTENDENT</b>		
Superintendent Approval Signature: <u></u>	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.

**2005-2006 Title II Teacher Quality Statewide Activities  
Funding for FY 2007**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
St. Clair Regional Ed Service District	\$216,000	\$216,000