

GRANT OFFICE USE ONLY

GRANT AWARD APPROVAL FORM

Notification to ITS:

Initials:

1. Official Name of Grant Program:		Date of SBE approval of grant criteria 12/14/2000	
2001 - 2002 Supplemental Funds for Strengthening Programs to Prevent Risk Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancy Among American Indian/Alaskan Native Youth, under Centers for Disease Control and Prevention Program Announcement Number 805, School Health Programs to Prevent Serious Health Problems and Improve Educational Outcomes.			
(years)	(title)	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Amendment (type)
<input type="checkbox"/> Continuation			
Legislation Authorizing this Grant Program: Public Health Service Act, Section 301(a) and 311(b)(c) as amended; 42 U.S.C. 241(a) as amended; 42 U.S.C. 243			
<input checked="" type="checkbox"/> Federal Grant CFDA Number 93.938		<input type="checkbox"/> State Grant	
<input type="checkbox"/> Other (Private, Foundation)			
2. Type and Purpose of Grant Program: (check one)			
To build the capacity of Native American tribal communities to prevent HIV, STDs, and unintended pregnancies among Native American youth.		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other Designated _____ (specify)	
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 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 checked="" type="checkbox"/> Ensuring Excellent Educators		<input checked="" 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: Native American youth within and outside tribal reservations.			
6. Total Funds Awarded: \$86,572.			
7. Eligible Applicants: Michigan Inter-Tribal Council.			
8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE			
9. Grant Administration:			
<u>Office</u> Office of School Excellence	<u>Unit</u> School Health Programs Curriculum Leadership Unit	<u>Contact</u> Kim Kovalchick, Evaluation Consultant	<u>Phone</u> (517) 241-4292

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8069

10. OFFICE	Office Director Approval Signature: <u><i>J. Marnell</i></u>	Date: <u>11-12-02</u>
	Phone: <u>13592</u>	Comments: _____
11. BUDGET OFFICE	Budget Office Approval Signature: <u>N/A</u>	Date: _____
	Comments: _____	
12. GRANTS OFFICE	Grants Office Approval Signature: <u><i>Mary C. Chant</i></u>	Date: <u>11-14-02</u>
	Comments: <u>Exhibits B and C are not required.</u>	
13. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u><i>Elaine R. Madigan</i></u>	Date: <u>11-19-02</u>
	Comments: _____	
14. SUPERINTENDENT	Superintendent Approval Signature: <u><i>G. Watt</i></u>	Date: <u>12-3-2002</u>
	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.

2001-2002 Supplemental Funds for Strengthening Programs to Prevent Risk Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancy Among American Indian/Alaskan Native Youth, under Centers for Disease Control and Prevention Program Announcement Number 805, School Health Programs to Prevent Serious Health Problems and Improve Educational Outcomes

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan Inter-Tribal Council	\$86,572	\$86,572