

SUBMISSION INSTRUCTIONS: The application in MEGS+ along with required uploads must be SUBMITTED by 5:00 p.m., October 15, 2011.

MICHIGAN DEPARTMENT OF EDUCATION

September 13, 2011

CONTINUATION PLAN ANNOUNCEMENT

2011-2012 Great Parents, Great Start Program Grants

This plan packet includes:

Continuation Plan Announcement

Continuation Plan Instructions

Part I General Information

Part II Additional Information

Part III Review Process Information

Part IV Program Requirements

Part V Plan Information and Instructions

Plan Checklist

Attachments

Application Upload Forms

NATURE OF ACTION REQUESTED: X VOLUNTARY

The Michigan Department of Education (MDE) is pleased to announce the 2011-2012 Great Parents, Great Start (GP,GS) Program Grants. The program is supported through Section 32j of the State School Aid Act, as amended, Public Act 62 of 2011. The GP,GS Program Grants provide \$5 million in continuation funding for collaborative community efforts to develop parent involvement and education programs. The programs must be designed for the families of children from birth to age five. The State Board of Education (SBE), at its June 15, 2010 meeting, approved criteria for the GP,GS Program Grants.

The grant plan for the 2011-2012 GP,GS Program Grants (Form IM-02-66), containing the necessary forms and instructions for completion, is available on-line at <http://www.michigan.gov/mde>. Click on "keywords" in the tool bar at the top of the page. A drop-down menu will include GP,GS, and clicking on that item will immediately allow the user to select the plan forms and instructions.

Completed plans must be submitted through the Michigan Electronic Grants System Plus (MEGS+) to MDE on or before 5:00 p.m., October 15, 2011. The MEGS+ application with all required attachments must be submitted by that time. Only those intermediate school districts (ISDs) meeting all of the conditions outlined will be approved for continuation. Questions concerning the 2011-2012 GP,GS Program Grants may be directed to Colleen O'Connor, Consultant, Michigan Office of Great Start, at (517) 241-4291.

TABLE OF CONTENTS

PART I. GENERAL INFORMATION 1

- INTRODUCTION 1**
- GRANT PURPOSE 2**
- STATE BOARD OF EDUCATION PRIORITIES 3**
- UNIVERSAL AND TARGET POPULATIONS TO BE SERVED BY GRANT 3**
- ELIGIBLE GRANTEES 4**
- GRANT RANGE AND FUNDING LIMIT 5**
- LENGTH OF AWARD 5**
- REJECTION OF PROJECT PLANS 5**
- CLOSING DATE AND SUBMISSION IN MICHIGAN ELECTRONIC GRANTS SYSTEM PLUS 5**
- BUDGET PREPARATION 6**
- PLAN PREPARATION, PAGE LIMIT, AND FONT SIZE 6**
- ACKNOWLEDGEMENT 6**
- NON-DISCRIMINATION AND OTHER COMPLIANCE WITH LAW 6**
- AMERICANS WITH DISABILITIES ACT 6**
- AVAILABILITY OF PLAN 6**
- WHERE TO OBTAIN HELP 7**

PART II. ADDITIONAL INFORMATION 7

- FUNDING PROCESS 7**
- PAYMENT SCHEDULE 7**
- FINANCIAL REPORTING 7**
- FINANCIAL MATCH 7**
- CONTINUATION OF FUNDING 8**
- PERFORMANCE REPORTING AND MONITORING RESPONSIBILITIES 8**

PART III: REVIEW PROCESS INFORMATION 9

PART IV: PROGRAM REQUIREMENTS 9

- FOCUS OF PARENT EDUCATION SERVICES 10**
- ADDITIONAL PROGRAM REQUIREMENTS 10**

PART V. PLAN INFORMATION AND INSTRUCTIONS 10

- PART A – GRANTEE INFORMATION AND ASSURANCES AND CERTIFICATIONS 11**
- PART B – YEAR 2011-2012 CONTINUATION PLAN (PAGE 1 OF FORM IM-02-66 AND REQUIRED ATTACHMENTS) 11**
- PART C – BUDGET AND CARRYOVER FUNDS (PAGE 2 OF FORM IM-02-66) 13**
- PART D – COMMUNITY COLLABORATION (PAGE 2 OF FORM IM-02-66) 14**

PLAN CHECKLIST FOR GRANTEES 15

FISCAL YEAR 2011-2012 AMOUNTS TO BE REQUESTED 16

LOCATION OF REACH OUT AND READ PROGRAMS IN MICHIGAN (BY COUNTY).... 19

**MICHIGAN DEPARTMENT OF EDUCATION
MICHIGAN OFFICE OF GREAT START**

PLAN FOR 2011-2012 GP,GS PROGRAM GRANTS

PART I. GENERAL INFORMATION

INTRODUCTION

Supportive and stimulating early experiences are important for children's school success with family relationships providing the context and environment for children's early years. Improved school readiness and the maintenance of stable families are state priorities. The SBE has among its priorities the fostering of investment in early childhood education and connecting schools and families.

The GP,GS Program Grants are designed to serve all families with young children who wish to participate. Experience has shown that this approach reaches numerous at-risk families who have not previously been identified for services and assists young families with positive parenting skills.

Experience has also revealed that young families, regardless of income, often lack knowledge regarding their children's development and the needs of children for language stimulation and other cognitive and emotional opportunities. Linkage to community resources has been shown to be invaluable in providing services to depressed mothers and needed follow up for children with previously undetected hearing, speech, and vision difficulties. Many benefits for families are gained from strengthening the coordination and collaboration between schools and communities.

The evaluation of the All Students Achieve Program – Parent Involvement and Education (ASAP-PIE) Grant Program found that grantees whose services were linked closely with local community agencies:

- served a higher proportion of low-income children; and
- had enrolled children who showed the greatest improvement in communication, problem solving, and developmental delays.

Section 32j of the State School Aid Act for FY 2003-2004 established a parent education initiative, GP,GS, on a statewide basis, which is continued for 2011-2012. Section 32j appropriates \$5 million for grants to ISDs for the operation of this program.

ISDs are encouraged to provide innovative parent education and involvement models that particularly fit the needs of diverse families in their communities, as well as recognizing the importance of the community's historical, ethnic, linguistic, and cultural resources. Given the limited funding available to serve both a universal and target population, projects are expected to align their parent education and involvement services as part of the broader existing community services that serve families with young children. Additional strategies that are encouraged include linking updated ISD web sites to www.migreatparents.org and collaborating with initiatives funded by the Michigan Early Childhood Investment

Corporation. GP,GS funds may be used in conjunction with ongoing projects for the purpose of creating and/or expanding parent education and involvement opportunities within already existing services and materials. Project funds may only be used for the program components funded under Section 32j. Funds may not be used to supplant or duplicate existing community and district services.

Additionally, the experience and expertise of local partners should be collaboratively used so that GP,GS services recognize and build upon individual family strengths and existing community services. Each ISD must develop a program plan that demonstrates collaboration with local entities involved in providing services and programs to young children and their families. Collaboration should include joint planning, shared decision making, and shared leadership.

GP,GS funds must address the needs of parents of young children in the community, with a balance of the funds/resources targeted toward priority needs and services (which are identified in the Great Start Collaborative strategic plan). Decisions on how to expend GP,GS funds should be made in an objective manner, including participation and input of parents and other community stakeholders. MDE encourages ISDs to utilize a collaborative decision making model for determining the use of GP,GS funds. A model for collaborative decision making that has worked well in several Michigan communities includes the following practice:

- Develop a review committee comprised of Great Start Collaborative members (including a representative from the ISD and other members who are not applying for the funds).
- Request mini-proposals from entities in the community for GP,GS funds.
- Have the review committee evaluate the proposals (using a simplified scoring mechanism) and provide a recommendation to the Great Start Collaborative (which includes the ISD).

Programs funded under this section of the State School Aid Act should utilize the most current validated research-based methods and curricula for providing program components described in Section 32j (2). Selected methods and curricula may be used with identified target populations only when the GP,GS target population matches the population upon which the research findings were based.

GRANT PURPOSE

The purpose of the GP,GS Program Grants is fourfold: to encourage early mathematics and reading literacy, improve school readiness, reduce the need for special education services, and foster the maintenance of stable families by encouraging positive parenting skills. To achieve this purpose, each grant must offer services to all families with children age five or younger residing within the ISD who choose to participate, including at least all of the following services:

- Providing parents with information on child development from birth to age five.
- Providing parents with methods to enhance parent-child interaction that promote social and emotional development and age-appropriate language, mathematics, and early reading skills for young children; including, but not

limited to, encouraging parents to read to their preschool children at least one-half hour per day.

- Promoting access to needed community services through a community-school-home partnership.
- Providing parents with examples of learning opportunities to promote intellectual, physical, and social growth of young children, including the acquisition of age-appropriate language, mathematics, and early reading skills.

The focus of GP,GS programming is parents and on fostering positive parenting behavior. Programming supports parents in their role as their children's first teachers.

STATE BOARD OF EDUCATION PRIORITIES

The SBE has adopted as its priorities:

1. Improved Student Achievement
2. Student Achievement-based System of Schools
3. Ensuring Excellent Educators
4. Early Childhood Care and Education

The GP,GS Program Grants address the priorities by providing parent education and involvement opportunities that provide a foundation for later academic achievement. Opportunities must be available to any interested family with children birth to five years of age. Equal attention in the program plan should be given to including program components focused on families whose children would benefit from more intensive services to foster increased school readiness and family stability.

UNIVERSAL AND TARGET POPULATIONS TO BE SERVED BY GRANT

Services provided by the GP,GS Program Grants must include low-intensity universal opportunities available to all families with children ages birth to age five residing in the applicant district(s) and who choose to participate. Universal services include newsletters, websites, newspaper inserts, community playgroups, book distribution, booth displays at community events, etc.

Projects may recognize and encourage involvement of parenting adults who may not be the child's biological parents. *A parenting adult is any person with legal guardianship of the child, or the person who makes educational and care decisions for the child.* Projects must schedule universal services, locations and activities with flexibility to better reach diverse family groups, including working parents.

Due to the limited funding levels, grantees must scale their parent services and intervention efforts to reflect the level of family risk by providing some universal services for all parents with children birth to five years of age, and at the same time target a smaller identified group of families with young children who would benefit from higher, more intensive face-to-face services. Each GP,GS grantee is encouraged to consider maximizing funding by the development of a program plan

that links parent education and involvement programming to existing community services for families with preschool children as opposed to creating new ISD programs with limited funding. The purpose of the linkage is to expand existing community services to include or expand school readiness, social/emotional development, early mathematics and literacy, and family stability components.

Evaluation of the ASAP-PIE program found home visiting, alone or in combination with group parent services, was the most likely service component to result in improvement of children's development. It was further found that children with delays in personal-social or problem-solving skills appeared to benefit from involvement in parent-child playgroups.

For this reason, grantees are encouraged to offer on-going home visiting services over time to individual families within the target population. To the extent possible, home visiting services that are offered should be selected from evidence-based models, as identified by the U.S. Department of Health and Human Services to support state implementation of the Affordable Care Act – Maternal, Infant and Early Childhood Home Visiting Program. Information is available at: <http://homvee.acf.hhs.gov/>. In addition, focused playgroups are also encouraged.

Grantees must provide a balance of GP,GS funding directed toward both universal and intensive services so that universal services do not deplete the majority of grant dollars. Grantees may request that this balance be considered within the greater context of existing community services. Grantees and community partners must clearly document how they believe the needs for families would be better addressed if the grant funding balance was placed within a community context.

Grantees are also encouraged to maximize their funds by linking at the local level to four state efforts. The first involves linking to their Great Start Community Collaborative. The second effort involves the ongoing update and expansion of the district's local web information found on the www.migreatparents.org website. The third involves working with local Early Head Start and *Early On*[®] efforts to serve children birth to three. The fourth effort is a pediatric literacy program called Reach Out and Read[®] (www.reachoutandread.org) in Michigan hospitals, health clinics, and physician offices (see Attachment C).

ELIGIBLE GRANTEES

Eligible continuation grantees are ISDs, funded in 2010-2011, who have satisfactorily met all grant requirements for the prior eight years of this grant.

Eligible grantees must agree to an assurance statement that they will have an on-going collaboration with local entities. Grantees must also describe how the planned services build upon the existing services being offered by community collaborative partners. ISDs are encouraged to include the local community collaborative, Public Health, Department of Human Services (DHS), Community Mental Health, Head Start and Early Head Start, MSU Extension Service, local school districts, and other early childhood organizations.

Adequate collaboration between the ISD and local entities includes schools and local entities working together in joint planning, decision making, program assessment and shared leadership throughout the grant. It goes beyond referral, cooperation and coordination of services.

GRANT RANGE AND FUNDING LIMIT

All ISDs are invited to submit program plans to continue their GP,GS program using this continuation plan format.

GP,GS funding is available through Section 32j of the State School Aid Act. An ISD may apply for an amount not to exceed the ISD's 2010-2011 payment under Section 32j of the State School Aid Act. (See Attachment A for Fiscal Year 2011-2012 Amounts to Be Requested, pages 16-17.)

The ISD must demonstrate a documented match of 20 percent of the requested funds from local public or private resources. No more than one-half of this match, up to a total of 10 percent of the total project budget, may be in-kind goods or services. The identified match funds must not be those which are also identified for match to other grant programs.

Program administrative maximum may not exceed 10 percent of the awarded grant funds.

LENGTH OF AWARD

Applicants must submit a budget for the period of October 1, 2011 to an ending date of September 30, 2012. Carryover of funds is allowed only into the subsequent fiscal year. Carryover funds from prior GP,GS Program Grants are required to be spent in advance of FY 2011-2012 funds being used.

For districts with carryover, continuation services must be operational no later than October 1, 2011.

Note: GP,GS carryover from prior years should be utilized first to fund continuing services. All programs must operate through September 30, 2012.

REJECTION OF PROJECT PLANS

The MDE reserves the right to reject any and all proposals received as a result of this announcement and will do so if the proposal does not adhere to funding specifications or preparation instructions.

CLOSING DATE AND SUBMISSION IN MICHIGAN ELECTRONIC GRANTS SYSTEM PLUS

Application, including a budget completed in MEGS+ and required documents uploaded to the MEGS+ application, must be submitted **on or before October 15, 2011**.

No facsimile transmissions will be accepted. Late plans, a plan submitted by facsimile, or a plan submitted, but not in accordance with the preparation instructions (below), will not be accepted and will be returned to the ISD **without review**.

BUDGET PREPARATION

MDE is pleased to now require the budget portion of the application be completed in MEGS+. Districts may initiate the GP,GS application in MEGS+, complete the required information, and submit on or before October 15, 2011.

PLAN PREPARATION, PAGE LIMIT, AND FONT SIZE

Plans should be prepared according to the specifications in Part V. Forms may be completed using a font no smaller than Arial or Verdana 9 point. Additional pages included with the application may be completed using a font no smaller than Arial or Verdana 11 point. Relevant support documents uploaded along with the plan must be kept to a maximum of two pages, unless otherwise requested. Such support documents are not counted in the page limits set for specific application narratives. Do not include supplementary materials such as commercial publications and videotapes. Incomplete plans or plans exceeding the page limitation or specifications will not be reviewed or considered for funding.

ACKNOWLEDGEMENT

All publications, including reports, films, brochures, and any program material developed with funding from this program, must contain the following statement: **“These materials were developed under a state grant awarded by the Michigan Department of Education.”**

NON-DISCRIMINATION AND OTHER COMPLIANCE WITH LAW

Plans must include a statement of assurance of compliance with all federal and state laws and regulations prohibiting discrimination, with all requirements and regulations of the MDE, all appropriate state and local licensing laws if applicable, and with all other state and federal requirements and regulations pertaining to these funds. See Assurances and Certifications included in the MEGS+ application.

AMERICANS WITH DISABILITIES ACT

MDE is committed to providing equal access to all persons in admission to, or operation of its programs or services. Individuals with disabilities needing accommodations for effective participation in this grant program are invited to contact MDE for assistance.

AVAILABILITY OF PLAN

This initiative represents the continuation of on-line access to grant proposals for the MDE. The grant program criteria and plan documents can be accessed via the MDE's home page at: <http://www.michigan.gov/mde>. Click on “keywords” in the

tool bar at the top of the page. A drop-down menu will include GP,GS, and clicking on that item will immediately allow the user to select the plan forms and instructions. To print the material, you must have the Adobe Acrobat Reader loaded on your computer. This free software can be accessed at: <http://www.adobe.com>. The plan forms are also available in Word format. Budget pages must be completed in MEGS+, <https://megs.mde.state.mi.us/megs/login.asp>. Grant application forms must be uploaded to the MEGS+ application.

WHERE TO OBTAIN HELP

The instructions contained in these materials are issued by MDE, which is the sole point of contact in the state for this program. Questions regarding plans should be directed to Colleen O'Connor, Consultant, Michigan Office of Great Start, at (517) 241-4291, or by email at occonnorc1@michigan.gov.

PART II. ADDITIONAL INFORMATION

FUNDING PROCESS

MDE will make the GP,GS Program Grants available through an allocation process.

PAYMENT SCHEDULE

Payment to the grantee will be made through the State School Aid payment system once all prior GP,GS carryover has been expended.

FINANCIAL REPORTING

A final report of expenditures (including local match) will be required to be completed in MEGS+ within 45 days of the grant ending date, showing all bills paid in full.

FINANCIAL MATCH

- The match must be used for the provision of services included in the plan. Funding used to support services other than those proposed cannot be used as match.
- There must be a documented local match of at least 20 percent of the state funds requested with no more than half of the match identified as in-kind goods or services. A larger match is allowed as long as the minimum requirement of cash match is met.
- Cash match is defined as an expenditure of cash that has been specifically designated for the proposed GP,GS services and activities.
- Funds designated as match to other efforts in the community may not be used for match to GP,GS.
- Designated State School Aid funds may not be used as match due to Section 32j requiring match to be local public or private resources. ISD and LEA general fund dollars and undesignated Section 81 State School Aid funds

may be used as cash match. Great Start Readiness Program funds may not be used as match for the GP,GS program.

- In-kind contributions may include, but are not limited to, the value of contributed space and equipment, volunteer services, administrative overhead services, etc.
- *Example: ISD A is planning a \$60,000 project; requesting \$50,000 in grant funding. The ISD must provide local matching funds of at least 20 percent of the grant funds, or \$10,000. In-kind funding can satisfy no more than half of the match, or \$5,000, therefore a minimum of \$5,000 must be identified as local cash contribution to the project.*

CONTINUATION OF FUNDING

Continuation plans will be forwarded to eligible recipients that demonstrate they are making sufficient progress toward meeting program goals and objectives.

Determination of progress will be based on a written plan describing project activity related to each of the required program components. GP,GS Program Grants will be funded for FY 2011-2012 with carryover allowed through June 30, 2013.

PERFORMANCE REPORTING AND MONITORING RESPONSIBILITIES

All funded projects must establish measurable child and family outcomes related to school readiness and family stability for families receiving more intensive services. Measurable program goals and outcomes for the universal service component are also expected.

All funded projects will also be required to participate in a statewide evaluation of the GP,GS program, including use of selected data collection instruments for GP,GS. Each grantee must agree to budget one-half of one percent of their district's GP,GS funding towards a state evaluation to assess the effectiveness of GP,GS services. Identified evaluation funds should be transferred to Midland County Educational Service Agency upon receipt of an invoice in the amount of one-half of one percent of the district grant award. Grantees must further agree to submit data and participate in surveys as required regarding families and children receiving services, the services provided and their collaboration activities.

This requirement also includes community partners who are funded by an ISD to provide project services to families.

Each grantee is also required to provide a separate report to MDE by October 15, 2012 on:

- The total number of families who received targeted services under the GP,GS grant, including the number of these families whose income was below 200 percent of the federal poverty level (see guidelines on page 18); and
- The total number of children who received targeted services under the GP,GS grant, with the number of these children whose family income was below 200 percent of the federal poverty level.

Information on each targeted child should be entered into the Michigan Student Data System (MSDS) as part of the district's end-of-the-year reporting by the data certification date tentatively set for August 29, 2012.

The cost of data collection may be budgeted and is not included in the administrative maximum of 10 percent of the grant funds awarded.

On-site monitoring by MDE, Michigan Office of Great Start staff may be required.

PART III: REVIEW PROCESS INFORMATION

All plans will be reviewed by staff of MDE. Only those plans meeting all identified criteria and not exceeding the total amount of funds available will be recommended for funding to the Superintendent of Public Instruction. All funding will be subject to approval by the Superintendent of Public Instruction. All ISDs who submit a plan will be notified of the Superintendent's action and have the right to appeal.

PART IV: PROGRAM REQUIREMENTS

Services funded through the 2011-2012 GP,GS Program Grants are for parents or parenting adults with children in the period of life from birth to age five. Applicants must propose service delivery strategies to serve both a universal population of all families and a targeted group of families residing within the ISD who have children age five or younger who are not yet eligible to attend kindergarten and who choose to participate. Contractual relationships with appropriate community partners should be considered when developing the plan for services.

Parent education and involvement projects must include the following required components, at a minimum: child development information, methods to enhance parent/child interaction, examples of learning opportunities, and access to community resources.

- **Child development information** may be provided using electronic, as well as more traditional means; i.e., web sites, local media spots, newsletters, newspaper articles, restaurant placemats, child development pamphlets placed in toy stores, educational materials and videos placed in hospital and DHS waiting rooms, etc.
- **Methods to enhance parent/child interaction** may be demonstrated, modeled and/or discussed in person during home visits, parent-child playgroups, well child physician's visits and hospital visits after the birth of a child, etc.
- **Examples of parent/child learning opportunities** may be provided in person by a parent educator, through written materials, and mass media programming, etc. All activities and materials must be age and developmentally-appropriate for the age of the child at the time of the child's involvement in the program. Parent/child learning opportunities must focus on the parent as the child's first teacher.
- **Access to community resources** may include development of a community resource network of state, local, and private agencies/groups to assure that services provided to families are coordinated, and that families are able to

access the assistance available to help prepare children for school and to foster the maintenance of stable families. This may include working in collaboration across community organizations to remove access barriers; to increase awareness across agencies about services that each agency offers; to assist parents with service referrals; to create common intake and release of information forms to be used by numerous community agencies; etc.

FOCUS OF PARENT EDUCATION SERVICES

The project plan should align with, and be part of, the broader local community collaborative plan to serve families with children birth to kindergarten entrance. The primary focus of GP,GS is educational in nature, with the focus on parents and building individual family strengths to ensure the legislative purpose. As many families have needs beyond parenting education, the project is expected to provide higher risk families with referrals to community agencies to meet needs beyond parenting education services. Grants may be used to underwrite new services or to expand existing services within the context of the greater community's parenting services. Duplication of or supplanting existing services will not be approved.

The majority of parent education and involvement services should be directed to families with children younger than four years of age. Families who have children three and four years of age should be provided with connections to quality preschool programs such as Head Start, Great Start Readiness Program, nationally accredited early childhood programs, etc.

ADDITIONAL PROGRAM REQUIREMENTS

- a. To maximize limited community resources for parent education, grantees are encouraged to include charging families participant fees for GP,GS services as long as the fee is based on an established and reasonable sliding fee scale. Fees must be waived for participants unable to pay.
- b. The project plan must demonstrate an adequate collaboration of local entities involved in providing programs and services for young children and their families. Collaboration with an existing community committee concerned with the development of all young children is preferable, such as a work group or subcommittee of the community collaborative. Parents of young children should be members of the collaborative committee. It is expected that the GP,GS continuation plan be linked to the work of the Great Start Collaborative, including integration into the Great Start Collaborative Strategic Plan.
- c. Each grantee should include in its plan how it will have adequate on-going collaboration with local entities involved in shared leadership and the provision of providing services to children, birth to five years and their families.
- d. It is recommended that the project plan be reviewed and supported by the local community collaborative. Each grantee must provide a brief narrative describing how the plan is integrated into the strategic plan or other work of the Great Start Collaborative.

PART V. PLAN INFORMATION AND INSTRUCTIONS

The Budget Detail including local match sources for both the cash and in-kind contributions will be completed in MEGS+. Completion of the Budget Detail will automatically generate a Budget Summary.

Guidance regarding the budget can be downloaded as part of the HELP section of the MEGS+ forms. The HELP links are found near the top of the MEGS+ screens.

Applicants are advised to consult Appendix A of the Public School Accounting Manual to determine appropriate function and object codes for the anticipated expenses for the GP,GS project being proposed. The Michigan Public School Accounting Manual is available online at www.michigan.gov/accountingmanual.

PART A – GRANTEE INFORMATION and ASSURANCES AND CERTIFICATIONS

In the MEGS+ general information section, the ISD submitting the plan must assign users by providing the user's name and MEIS Account number, specifying the application security level and if applicable, assigning the new user as an application contact.

The ISD must serve as the fiscal agent for the grant and list a main contact person and a project coordinator (secondary contact). Additional email recipients may also be designated, particularly when a grantee selects a community partner to administer the grant.

Assurances must be affirmed through submission of the application in MEGS+.

PART B – YEAR 2011-2012 CONTINUATION PLAN (PAGE 1 OF FORM IM-02-66 AND REQUIRED ATTACHMENTS)

Part B-1: Revisions to FY 2008-2009 GP,GS Continuation Plan (Page 1 of Form IM-02-66)

Sec. 32j (3) of PA 62 of 2011 requires that to receive a grant under this section, an ISD must submit a plan to MDE. Given that this grant is continuation funding, your approved 2008-2009 Plan along with any revisions reflected in your approved 2009-2010 or 2010-2011 Plans will be considered your current plan with the exception of any additional revisions noted on this application. Keep copies of your 2008-2009, 2009-2010 and 2010-2011 Plans and approval letters as part of your 2011-2012 GP,GS file.

Check one of the statements to indicate whether or not changes have been made to the 2008-2009 Plan or 2009-2010/2010-2011 Plan revisions. If changes have been made, check the applicable statements to indicate in which areas of the Plan the changes were made.

Each grantee submitting a continuation plan must complete and upload the required attachments for any changes being made to the 2008-2009 Plan and 2009-2010/2010-2011 Plan revisions related to the following three areas:

1. **Services to Families (Form IM-02-66 – Attachments A & B)**

Using Attachment A for universal services and/or Attachment B for targeted services, provide a description of changes in how the project's opportunities and services to families will align with and be part of the broader community early childhood collaborative plan.

Services offered under this plan must include the following four components for parents:

- Information on the development of children birth to age five.
- Methods to enhance parent-child interaction that promote social and emotional development and age-appropriate language, mathematics, and early reading skills for young children, including, but not limited to, encouraging parents to read to their young children at least one-half hour per day.
- Examples of learning opportunities to promote intellectual, physical, and social growth of young children, including the acquisition of age-appropriate language, mathematics, and early reading skills.
- Promotion of access to needed community services through a community-school-home partnership.

The project plan must clearly provide a level of low-intensity universal services (e.g., newsletters, community playgroups, website) that will be available to all interested families with children birth to five years of age. The plan must also identify a second level of higher, more intensive face-to-face services provided (such as home visiting, focused playgroup participation, etc.). Intensive services should be available to a smaller number of parents and children who could benefit from a higher degree of program involvement. For example, intensive services could be provided to parents who experience situations/environments that may impede their children's school readiness. This may include, but is not limited to, parents:

- in poverty households.
- experiencing separation (military assignments, divorce, death) whose children often experience emotional stress and decreased interaction with one or both parents.
- who are depressed and thus unable to interact with their children in a manner that fosters positive development.
- with family court involvement.
- who are isolated and lack parenting support systems.
- who have little to no experience or understanding of young children and their development.
- whose primary language is one other than English.
- who are providing foster care to children who experience multiple transitions that disrupt their development.

The plan must not duplicate or supplant existing community parent education and involvement services. Further, the plan must indicate how it will direct the

majority of its services toward families with children younger than four years of age and will provide connections to other early childhood programs and initiatives.

2. Current Validated Research-Based Curriculum (Form IM-02-66 – Attachment C)

Using Attachment C, provide information regarding how the proposed changes to the continuation plan will provide a research-based curriculum that matches the grantee's target population receiving more intensive services. Evidence-based home visiting models are strongly encouraged. Information is available at <http://homvee.acf.hhs.gov/>.

3. Qualifications of Staff Providing Services to GP,GS Families (Form IM-02-66 – Attachment D)

Using Attachment D, describe any changes in how project staff meets the legislative requirement "educators are trained in child development to help parents understand their role in their child's developmental process, thereby promoting school readiness and mitigating the need for special education services."

All program staff working with families must have **at least either**:

- academic credit in child development, early childhood education or equivalent; **OR**
- a current certification as a parent educator for families of young children birth to five years of age through a recognized parent education body, such as Parents as Teachers[®], Healthy Families America[™], etc.

Note: Grant funds may not be used to train existing staff to meet this legislative requirement. A professional development plan for staff who do not meet this requirement must be approved by MDE prior to that individual providing direct services to families under this grant. Upload a professional development plan along with Attachment D for any individual yet to be qualified.

Part B-2: Balance of Resources Between Universal and Targeted Services (Page 1 of Form IM-02-66)

In order to demonstrate how a balance of funding directed towards both universal and target populations will occur, complete the three spaces with estimated expenditure totals for universal services, targeted services and total planned expenditures. Each of these figures should include both award funds and local match funds (cash and in-kind). Only funds that will be reported as part of the budgets in MEGS+ should be included in these figures.

PART C – BUDGET AND CARRYOVER FUNDS (PAGE 2 OF FORM IM-02-66)

Each applicant must complete a budget in MEGS+ according to the instructions included in the MEGS+ application. Additional guidance can be found in the HELP screens, which can be accessed using the HELP links near the top of the MEGS+

screens. The budget must reflect the award amount and at least the minimum 20 percent local match funds. Local match for at least 10 percent of the award amount must be a cash match. Additional local match may be cash or in-kind.

On Form IM-02-66, Part C, indicate whether the district has carryover funds from prior years. If so, indicate the anticipated date by which these funds will be expended. FY 2011-2012 funds will not be available for use until prior year carryover is expended.

PART D – COMMUNITY COLLABORATION (PAGE 2 OF FORM IM-02-66)

Support for the 2011-2012 program plan by the community's Great Start Collaborative is required. Support by additional local community-wide, multi-agency planning groups, such as a local community collaborative body which includes a cross section of human service, education, and early childhood agencies, may be sought. Applicants covering a multi-county region may need to seek support from additional community collaboratives. Provide a web-link to the Great Start Collaborative Strategic Plan and Action Agenda. Also provide a narrative describing how GP,GS services address the needs and goals identified in the Strategic Plan and Action Agenda. Include a description in their narrative of how GP,GS services will build upon existing services being offered by local entities and a description of the process for selecting services. Up to two pages may be uploaded along with form IM-02-66 in response to the required narrative in Part D.

When writing the narrative, consider including the following about collaboration:

- Highlight the role of collaborative partners in providing GP,GS program leadership. Identify partner agencies that will be involved during 2011-2012. Include specific area(s) of leadership provided by each.

The following definitions may be helpful as you complete the narrative:

- planning = creating and maintaining a plan; thinking about activities; aligning strategies to goals; working out sub-components in some degree of detail.
- service implementation = execution of a plan.
- outcome assessment = collection, review and use of information that will tell an organization whether the services, activities, or experiences it offers are having the desired impact; systematic process for continual improvement.
- decision-making = selection of a course of action among several alternatives.
- Additional types of involvement include referrals, use of space, distribution of materials, consultation, and outreach.
- Include information regarding parent contribution for services.
- Indicate how GP,GS resources are being linked to local services to maximize and/or expand limited community resources for families and children.

PLAN CHECKLIST FOR GRANTEES

- Is the contact information updated in MEGS+?
- Have you read and do you certify that you agree to all assurances as presented in MEGS+?
- Are all narrative pages in a font no smaller than Arial or Verdana 11 point and all forms completed in a font no smaller than Arial or Verdana 9 point?
- Are the forms/attachments/narratives completed and uploaded to the application in MEGS+?
- Has the budget detail and local match including sources and funding streams been completed in MEGS+?

USE THIS CHECKLIST TO ASSURE THAT YOU HAVE COMPLETED ALL REQUIRED PORTIONS OF THE APPLICATION ACCORDING TO THE GRANT CRITERIA

Great Parents, Great Start
FISCAL YEAR 2011-2012 AMOUNTS TO BE REQUESTED

District Code	Agency	11-12 Allocation & Amount to Be Requested
03000	Allegan Area Educational Service Agency	\$50,732.00
04000	Alpena-Montmorency-Alcona Ed. Service District	\$27,556.00
08000	Barry Intermediate School District	\$12,011.00
09000	Bay-Arenac Intermediate School District	\$117,141.00
11000	Berrien County Intermediate School District	\$109,602.00
12000	Branch Intermediate School District	\$60,527.00
13000	Calhoun Intermediate School District	\$106,199.00
15000	Charlevoix-Emmet Intermediate School District	\$40,750.00
16000	Cheboygan-Otsego-Presque Isle Ed. Service District	\$44,599.00
18000	Clare-Gladwin Regional Education Service District	\$36,916.00
19000	Clinton County Regional Educational Service Agency	\$34,330.00
72000	COOR Intermediate School District	\$30,284.00
31000	Copper Country Intermediate School District	\$37,360.00
21000	Delta-Schoolcraft Intermediate School District	\$48,068.00
22000	Dickinson-Iron Intermediate School District	\$30,326.00
17000	Eastern Upper Peninsula Intermediate School District	\$27,912.00
23000	Eaton Intermediate School District	\$51,795.00
25000	Genesee Intermediate School District	\$266,346.00
27000	Gogebic-Ontonagon Intermediate School District	\$22,839.00
29000	Gratiot-Isabella Regional Educational Service District	\$54,488.00
30000	Hillsdale County Intermediate School District	\$32,217.00
32000	Huron Intermediate School District	\$38,113.00
33000	Ingham Intermediate School District	\$157,700.00
34000	Ionia County Intermediate School District	\$34,459.00
35000	Iosco Regional Educational Service Agency	\$16,998.00
38000	Jackson County Intermediate School District	\$152,932.00
39000	Kalamazoo Regional Educational Service Agency	\$97,441.00
41000	Kent Intermediate School District	\$181,565.00
44000	Lapeer County Intermediate School District	\$53,565.00
46000	Lenawee Intermediate School District	\$111,121.00
14000	Lewis Cass Intermediate School District	\$24,072.00
47000	Livingston Educational Service Agency	\$66,585.00
50000	Macomb Intermediate School District	\$411,750.00
51000	Manistee Intermediate School District	\$20,772.00
52000	Marquette-Alger Regional Ed. Service Agency	\$49,130.00
53000	Mason-Lake Intermediate School District	\$30,130.00
54000	Mecosta-Osceola Intermediate School District	\$54,061.00
55000	Menominee County Intermediate School District	\$14,449.00
56000	Midland County Educational Service Agency	\$34,987.00
58000	Monroe County Intermediate School District	\$118,568.00
59000	Montcalm Area Intermediate School District	\$58,946.00
61000	Muskegon Area Intermediate School District	\$88,872.00
62000	Newaygo County RESA	\$41,460.00

District Code	Agency	11-12 Allocation & Amount to Be Requested
63000	Oakland Schools	\$282,228.00
64000	Oceana Intermediate School District	\$9,170.00
70000	Ottawa Area Intermediate School District	\$112,486.00
73000	Saginaw Intermediate School District	\$127,311.00
76000	Sanilac Intermediate School District	\$40,180.00
78000	Shiawassee Regional Education Service District	\$64,337.00
74000	St. Clair Regional Educational Service Agency	\$98,575.00
75000	St. Joseph County Intermediate School District	\$42,586.00
28000	Traverse Bay Area Intermediate School District	\$129,794.00
79000	Tuscola Intermediate School District	\$82,055.00
80000	Van Buren Intermediate School District	\$106,336.00
81000	Washtenaw Intermediate School District	\$115,577.00
82000	Wayne Regional Educational Service Agency	\$646,083.00
83000	Wexford-Missaukee Intermediate School District	\$43,608.00
	Grand Total	<hr/> \$5,000,000.00

Great Parents, Great Start Program Grants

**TANF INCOME REPORTING GUIDELINES FOR STATE
MDE/DHS Maintenance of Effort Data Collection**

Effective July 1, 2011 to June 30, 2012
This Chart Reflects **200% of the Poverty Level**

Household Size	200% of Federal Poverty Guidelines		
	ANNUAL	MONTH	WEEK
1	21,780	1,815	419
2	29,420	2,452	566
3	37,060	3,088	713
4	44,700	3,725	860
5	52,340	4,362	992
6	59,980	4,998	1,153
7	67,620	5,635	1,300
8	75,260	6,272	1,447
For each add'l family member add	+7,640	+637	+147

**LOCATION OF REACH OUT AND READ PROGRAMS IN MICHIGAN
(BY COUNTY)**

Alger	Bay Care Medical Clinic – Munising Grand Marais Clinic (Satellite) – Grand Marais Munising Tribal Community Health Center – Munising Trenary Clinic (Satellite) – Trenary
Allegan	InterCare Community Health Network – Pullman
Bay	Pediatric and Adolescent Medicine – Bay City
Berrien	InterCare Community Health Network – Benton Harbor InterCare Community Health Network – Eau Claire
Calhoun	Family Health Center of Albion (Satellite) – Albion Family Health Center of Battle Creek – Battle Creek
Clinton	David A. Huff, D.O. (Satellite) – Elsie
Dickinson	Dickinson Pediatric Clinic – Iron Mountain
Genesee	Hurley Medical Center, Ambulatory Pediatric Services – Flint
Ingham	Mason Pediatrics – Mason MSU General Pediatrics, Child Health Care – East Lansing Pediatrics and Specialty Clinic (Satellite) – Lansing Well Child Health Center of Ingham County – Lansing
Iosco	St. Joseph Health System Pediatrics – Tawas City
Jackson	Jackson Community Action Agency, Head Start Program – Jackson
Kalamazoo	Bronson Rambling Road Pediatrics – Portage Bronson Rambling Road Pediatrics – Stadium Drive (Satellite) – Oshtemo Michigan State University/Kalamazoo Center for Medical Studies – Kalamazoo Pediatrics P.C. – Portage
Kent	Cherry Street Health Care Services, Grand Rapids Pediatrics – Grand Rapids Clinica Santa Maria – Grand Rapids Devos Children’s Hospital – Grand Rapids

	Heritage Pediatrics, Saint Mary's Mercy Medical Center – Grand Rapids St. Mary's Mercy Medical Center, Sparta Health Center – Sparta Wege Institute Family Practice – Grand Rapids Westside Health Center (Satellite) – Grand Rapids
Lake	Family Health Care – Baldwin – Baldwin
Lenawee	Health Specialists of Lenawee – Tecumseh
Livingston	Brighton Health Center, Pediatrics, University of Michigan – Brighton St. Joseph Primary Care Pediatrics – Howell University of Michigan, Howell Pediatrics – Howell
Macomb	Eastman & Vempati, MD, PC – Chesterfield HFHS Medical Center Lakeside (Satellite) – Sterling Heights HFHS Medical Center Sterling Heights (Satellite) – Sterling Heights HFHS Medical Center Warren (Satellite) – Warren
Marquette	Marquette General Family Medicine – Marquette
Missaukee	Great Lakes Family Care (Satellite) – McBain
Muskegon	Muskegon Family Care – Muskegon
Newaygo	Family Health Care – Grant Family Health Care – White Cloud Pine Medical Group – Fremont Pine Medical Newaygo Office (Satellite) – Newaygo
Oakland	American Indian Health and Family Services – Detroit Eastman & Wozniak, MD, PC – Birmingham Eliyahou Kam, MD, Pediatric Office – Southfield HFHS Medical Center Farmington Road (Satellite) – West Bloomfield HFHS Medical Center Royal Oak (Satellite) – Royal Oak Kidz1st Pediatrics – Rochester Hills Providence Medical Center, Deighton Family Practice – Southfield William Beaumont Hospital – Royal Oak
Otsego	Otsego Memorial Hospital, OMH Medical Group – Gaylord
Ottawa	Holland Community Health Center – Holland InterCare Community Health Network – Holland

Saginaw **Bridgeport Family Physicians** – Bridgeport
Chesaning Family Medicine (Satellite) – Chesaning
Janes Street Academic Community Health Center – Saginaw
Partners in Pediatrics – Saginaw
Roy E. Small, D.O. (Satellite) – Chesaning
Saginaw Valley Pediatrics – Saginaw
Synergy Medical Education Alliance – Saginaw

Sanilac **Deckerville Community Hospital** – Deckerville
Melanie Kramer-Harrington, M.D. – Sandusky
Sanilac County Health Department – Sandusky

Shiawassee **Arnold Medical Clinic (Satellite)** – Owosso
Barbara Gurden, D.O., Sue Jaskiewicz (Satellite) – Laingsburg
Durand Family Health Center (Satellite) – Durand
Memorial Healthcare – Owosso
Northside Family Practice (Satellite) – Owosso
Ovid Main Street Clinic (Satellite) – Ovid
Owosso Internal Medicine (Satellite) – Owosso
Perry Family Practice (Satellite) – Perry
Pittsburg Family Healthcare, P.C. (Satellite) – Laingsburg
Shiawassee Family Medicine (Satellite) – Corunna

Van Buren **InterCare Community Health Network** – Bangor

Washtenaw **Adult Medicine and Pediatrics** – Ypsilanti
Corner Health Center – Ypsilanti
Family Medicine at Dominos Farms – Ann Arbor
HFHS Medical Center Ann Arbor (Satellite) – Ann Arbor
Pediatric Healthcare Associates – Ypsilanti
Univ. of Michigan, Briarwood Center for Women, Children and Young Adults – Ann Arbor
Univ. of Michigan East Ann Arbor Health Center – Ann Arbor
Univ. of Michigan Ypsilanti Center – Ypsilanti

Wayne **Children’s Hospital of Michigan, Child and Family Life** – Detroit
Covenant Community Care – Detroit
Henry Ford Health System, Dept. of Pediatrics – Detroit
HFHS Medical Center Canton (Satellite) – Canton
HFHS Medical Center Detroit East (Satellite) – Detroit
HFHS Medical Center Detroit Northwest (Satellite) – Detroit
HFHS Medical Center E. Jefferson (Satellite) – St. Clair Shores
HFHS Medical Center Fairlane (Satellite) – Dearborn
HFHS Medical Center Livonia (Satellite) – Livonia
HFHS Medical Center Plymouth (Satellite) – Plymouth
HFHS Medical Center Southfield (Satellite) – Southfield
HFHS Medical Center Taylor (Satellite) – Taylor
HFHS Medical Center Woodhaven (Satellite) – Woodhaven
HFHS Medical Center New Center One (Satellite) – Detroit
Oakwood Pediatrics – Dearborn

Pediatric Associates of Dearborn – Dearborn
Pedi-Care Pediatric Clinic, P.C. – Westland
Pediatric Associates of Dearborn – Dearborn
Wayne State University Physicians Group – Detroit
Westland Family Practice – Westland

Wexford **Family Health Care** – Cadillac