

GRANT AWARD APPROVAL FORM

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|--|-------------------------------------|-------------------------------|----------------------|----------------------------------|--|----------------|------------------|--|--|-----------------|-----------------|--|--|----------------|-----------------|--|--|----------------|------------------|--|--|---------------|------------------|--|------------------------|----------------|------------------|--------------------|------------------|-----------------|-----------------|--|--|---------------|------------------|--|--|----------------|------------------|--|
| 1. SOURCE OF GRANT FUNDS RECEIVED Official Name Of Grant Program: <u>2012--2013</u> <u>Safe and Supportive Schools Grant</u> (year) (year) (title) Grant Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation Legislation Authorizing This Grant Program: PL 107-110 Safe and Drug-Free Schools and Communities Act of 1994 <input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.184Y</u> <input type="checkbox"/> State Aid Grant: Section Number _____ <input type="checkbox"/> Other (specify) _____ | SBE Grant Criteria Approval Date (meeting date): <u>9/11/12</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. SBE Priorities, Policies, and Programs that this Grant Supports: Support the continued development of an effective and equitable performance-based system that achieves academic growth and successful outcomes for all students as well as the SBE approved policies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">MDE DISTRIBUTION OF GRANT FUNDS</td> <td style="width:40%;">Type of Distribution: (check one)</td> </tr> <tr> <td style="vertical-align: top;"> 3. Background/Purpose of Grant Program: Grants will be disseminated to help schools raise levels of academic achievement by using student, parent, and staff survey results and student incident data to drive decision-making in the selection of programmatic interventions. </td> <td style="vertical-align: top;"> <input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Designated </td> </tr> </table> | | MDE DISTRIBUTION OF GRANT FUNDS | Type of Distribution: (check one) | 3. Background/Purpose of Grant Program: Grants will be disseminated to help schools raise levels of academic achievement by using student, parent, and staff survey results and student incident data to drive decision-making in the selection of programmatic interventions. | <input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Designated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MDE DISTRIBUTION OF GRANT FUNDS | Type of Distribution: (check one) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Background/Purpose of Grant Program: Grants will be disseminated to help schools raise levels of academic achievement by using student, parent, and staff survey results and student incident data to drive decision-making in the selection of programmatic interventions. | <input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Designated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> 4. Target Population to be Served by Grant: Michigan educators, collaborative partner agencies, and school-aged youth. </td> <td style="width:40%; vertical-align: top;"> Type of Award: (check all applicable) <input type="checkbox"/> Initial (Exhibit A) <input checked="" type="checkbox"/> Revised (Exhibit A) <input type="checkbox"/> Conditional (Exhibit A) <input type="checkbox"/> Denial (Exhibit B) </td> </tr> </table> | | 4. Target Population to be Served by Grant: Michigan educators, collaborative partner agencies, and school-aged youth. | Type of Award: (check all applicable) <input type="checkbox"/> Initial (Exhibit A) <input checked="" type="checkbox"/> Revised (Exhibit A) <input type="checkbox"/> Conditional (Exhibit A) <input type="checkbox"/> Denial (Exhibit B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Target Population to be Served by Grant: Michigan educators, collaborative partner agencies, and school-aged youth. | Type of Award: (check all applicable) <input type="checkbox"/> Initial (Exhibit A) <input checked="" type="checkbox"/> Revised (Exhibit A) <input type="checkbox"/> Conditional (Exhibit A) <input type="checkbox"/> Denial (Exhibit B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> 5. Eligible Applicants: Non-profit agencies, state/local health departments, school or district entities as designated in the MDE's approved grant application to the federal funding agencies. </td> <td style="width:40%; vertical-align: top;"> Type of Notification: (check one) <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input type="checkbox"/> MEGS/MEGS+ <input type="checkbox"/> Other: (specify below) </td> </tr> </table> | | 5. Eligible Applicants: Non-profit agencies, state/local health departments, school or district entities as designated in the MDE's approved grant application to the federal funding agencies. | Type of Notification: (check one) <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input type="checkbox"/> MEGS/MEGS+ <input type="checkbox"/> Other: (specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Eligible Applicants: Non-profit agencies, state/local health departments, school or district entities as designated in the MDE's approved grant application to the federal funding agencies. | Type of Notification: (check one) <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input type="checkbox"/> MEGS/MEGS+ <input type="checkbox"/> Other: (specify below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">6. Award Information:</td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td>Original Award Date: <u>10/1/12</u></td> <td>Amendment Date(s):</td> <td>Amendment Amount(s):</td> <td>Total Recommended Award to Date:</td> </tr> <tr> <td></td> <td><u>11/8/12</u></td> <td><u>\$106,707</u></td> <td></td> </tr> <tr> <td></td> <td><u>12/19/12</u></td> <td><u>\$13,568</u></td> <td></td> </tr> <tr> <td></td> <td><u>2/21/13</u></td> <td><u>\$37,927</u></td> <td></td> </tr> <tr> <td></td> <td><u>4/19/13</u></td> <td><u>\$523,649</u></td> <td></td> </tr> <tr> <td></td> <td><u>7/3/13</u></td> <td><u>\$121,117</u></td> <td></td> </tr> <tr> <td>Original Award Amount:</td> <td><u>9/13/13</u></td> <td><u>\$260,654</u></td> <td><u>\$1,887,503</u></td> </tr> <tr> <td><u>\$528,847</u></td> <td><u>10/11/13</u></td> <td><u>\$33,920</u></td> <td></td> </tr> <tr> <td></td> <td><u>5/2/14</u></td> <td><u>\$133,596</u></td> <td></td> </tr> <tr> <td></td> <td><u>7/23/14</u></td> <td><u>\$107,518</u></td> <td></td> </tr> </table> | | 6. Award Information: | | | | Original Award Date: <u>10/1/12</u> | Amendment Date(s): | Amendment Amount(s): | Total Recommended Award to Date: | | <u>11/8/12</u> | <u>\$106,707</u> | | | <u>12/19/12</u> | <u>\$13,568</u> | | | <u>2/21/13</u> | <u>\$37,927</u> | | | <u>4/19/13</u> | <u>\$523,649</u> | | | <u>7/3/13</u> | <u>\$121,117</u> | | Original Award Amount: | <u>9/13/13</u> | <u>\$260,654</u> | <u>\$1,887,503</u> | <u>\$528,847</u> | <u>10/11/13</u> | <u>\$33,920</u> | | | <u>5/2/14</u> | <u>\$133,596</u> | | | <u>7/23/14</u> | <u>\$107,518</u> | |
| 6. Award Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Award Date: <u>10/1/12</u> | Amendment Date(s): | Amendment Amount(s): | Total Recommended Award to Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>11/8/12</u> | <u>\$106,707</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>12/19/12</u> | <u>\$13,568</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>2/21/13</u> | <u>\$37,927</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>4/19/13</u> | <u>\$523,649</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>7/3/13</u> | <u>\$121,117</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Original Award Amount: | <u>9/13/13</u> | <u>\$260,654</u> | <u>\$1,887,503</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>\$528,847</u> | <u>10/11/13</u> | <u>\$33,920</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>5/2/14</u> | <u>\$133,596</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <u>7/23/14</u> | <u>\$107,518</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Responsible Program Office: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;"><u>Office Name</u></td> <td style="width:25%;"><u>Unit Name</u></td> <td style="width:25%;"><u>Contact Name</u></td> <td style="width:25%;"><u>Phone Number</u></td> </tr> <tr> <td>Office of School Support Services</td> <td>Coord. School Health & Safety</td> <td>Kim Kovalchick</td> <td>14292</td> </tr> </table> | | <u>Office Name</u> | <u>Unit Name</u> | <u>Contact Name</u> | <u>Phone Number</u> | Office of School Support Services | Coord. School Health & Safety | Kim Kovalchick | 14292 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>Office Name</u> | <u>Unit Name</u> | <u>Contact Name</u> | <u>Phone Number</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office of School Support Services | Coord. School Health & Safety | Kim Kovalchick | 14292 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This Form Was Prepared by: <u>Patty Lawless</u> Phone Number: <u>31122</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|---|
| 8. OFFICE | Office Director Approval Signature: <u>Marla J Mon</u> <i>MMK</i> Phone: 53672 Date: <u>7/18/14</u> Comments: |
| <input checked="" type="checkbox"/> Exhibit B Not Required because: Not required because grants are designated | |
| 9. GRANTS OFFICE | Grants Office Approval Signature: <u>Marla J Mon for Loris Burgess</u> Date: <u>7/31/14</u> Comments: |
| 10. DEPUTY SUPERINTENDENT | Deputy Superintendent Approval Signature: <u>[Signature] for Kyle Cresswell</u> Date: <u>7/31/14</u> Comments: |
| 11. SUPERINTENDENT | Superintendent Approval Signature: <u>[Signature]</u> Date: <u>7-31-14</u> Comments: |

INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Coordination and School Support Unit will facilitate completion of items 9-11.
- B. **Attach two (2)** sets of Exhibits A and B (one original and 1 copy). Do not staple the pink form nor the originals of Exhibits A and B.
 - Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested and the amount Recommended to be funded.
 - Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
- 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. Submit Grant Award Approval Form (pink), attachments, and letters to the **Grants Coordination and School Support Unit.**

Note: The approval process takes, on average, one week to receive all approvals after the packet is delivered to the Grants Unit. The time varies depending upon the number of corrections and revisions that are necessary and the availability of all of the signers. Reviews and approvals can take longer, up to two weeks, particularly around holiday times when signers may be out of the office.

**Michigan Department of Education
Coordinated School Health and Safety Programs**

**2012-2013 Safe and Supportive Schools Grant
Funding for FY 2013**

Applicants Recommended for Funding

| <u>Applicant</u> | <u>Previous Award</u> | <u>Amended Amount</u> | <u>Total Recommended Award</u> |
|---|----------------------------------|----------------------------------|---|
| Eaton Intermediate School District Substance Abuse Prevention Education Program | \$ 150,000 | 0 | \$ 150,000 |
| Eaton Intermediate School District | \$ 128,847 | 0 | \$ 128,847 |
| Lansing Public School District | \$ 121,117 | 0 | \$ 121,117 |
| Michigan Primary Care Association | \$ 1,130,021 | \$ 13,316 | \$ 1,143,337 |
| O'Neill Consulting | \$ 150,000 | 0 | \$ 150,000 |
| Parent Action for Healthy Kids | \$ 100,000 | 0 | \$ 100,000 |
| Prevention Network | \$ - | \$ 94,202 | \$ 94,202 |
| Total | \$ 1,779,985 | \$ 107,518 | \$ 1,887,503 |