(formerly OG-2805/Pink)
Rev. 10/12

Michigan Department of Education
OFFICE OF SCHOOL SUPPORT SERVICES

# GRANT AWARD APPROVAL FORM

*Direct questions regarding this form to 373-1806.*

Date of SBE Approval of Grant Criteria **10/09/2012**

**1. SOURCE OF GRANT FUNDS RECEIVED**

Official Name Of Grant Program:
2013--2014 Competitive Grant for the Support to the *Early On* Field Under Part C of the Individuals with Disabilities Education Act (IDEA)
(year) (year) (title)

Grant Type: ☒Initial ☐Amendment ☐Continuation

Legislation Authorizing This Grant Program: Part C of IDEA, specifically 20 U.S.C. 1435. Regulatory guidance is found within 34 CFR 303, subpart B

☒Federal Grant: CFDA Number 84.181 ☐State Aid Grant: Section Number _____ ☐Other (specify) _____

**2. SBE Priorities, Policies, and Programs that this Grant Supports:** The Support to the *Early On* Field Grant supports the Board's expectation of successful outcomes for all students by providing the early intervention support needed to achieve improved outcomes for children and families, and also addresses the Board's goal by providing timely and accurate information for intervention services to support children's development. All activities of the *Early On* system address the tenets of universal education and promote early childhood literacy and school/community relationships.

**MDE DISTRIBUTION OF GRANT FUNDS**

**3. Background/Purpose of Grant Program:**
Part C of the Individuals with Disabilities Education Act (IDEA), the infant and toddler early intervention services system, provides assistance to states for the development and implementation of a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for children from birth to three years of age with disabilities or developmental delays, and their families.

**Type of Distribution: (check one)**

☒ Competitive
☐ Formula
☐ Other: (specify below)

**4. Target Population to be Served by Grant:** Service providers, intermediate school districts, and children who have disabilities and their families.

**Type of Award: (check all applicable)**

☐ Initial (Exhibit A)
☐ Revised (Exhibit A)
☒ Conditional (Exhibit A)
☐ Denial (Exhibit B)

**5. Eligible Applicants:** Eligible applicants include local and intermediate school districts, human service agencies, private non-profit organizations and agencies, advocacy organizations, institutions of higher learning, and others with appropriate expertise and experience.

**Type of Notification: (check one)**

☒ Letter
☐ Mail-merge Letter
☐ MEGS/MEGS+
☐ Other: (specify below)

**6. Award Information:**

Original Award Date: 10/1/13

Original Award Amount: $996,000

Amendment Date(s): _____ _____ _____ _____

Amendment Amount(s): $_____ $_____ $_____ $_____

Total Recommended Award to Date: $996,000

**7. Responsible Program Office:**

| Office | Unit | Contact | Phone |
|---|---|---|---|
| Office of Great Start/Early Childhood Education & Family Services | Infant/Toddler & Family Services | Vanessa Winborne | 517-335-4865 |

**This Form Was Prepared by:** Cheryl Najm **Phone Number:** 517-335-1580

**8. OFFICE**

Office Director Approval Signature: Sandy Beck Date: 1-16-13

Phone: 13542 Comments:

**9. GRANTS OFFICE**

Grants Office Approval Signature: Date:

Comments:

☐ Exhibit B Not Required

**10. DEPUTY SUPERINTENDENT**

Deputy Superintendent Approval Signature: Date: 1/22/13

Comments:

**11. SUPERINTENDENT**

Superintendent Approval Signature: Date: 1/23/13

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.

Exhibit A

Michigan Department of Education
Office of Great Start/Early Childhood Education and Family Services

2013-2014 Competitive Grant for the Support to the *Early On* Field
Under Part C of the Individuals with Disabilities Education Act (IDEA)

Applicant Recommended for Funding

| Applicant | Amount Requested | Amount Recommended |
|---|---|---|
| Clinton County Regional Educational Service Agency | $996,000 | $996,000 |