Michigan Department of Education
OFFICE OF SCHOOL SUPPORT SERVICES

Rev. 10/2014

GRANT AWARD APPROVAL FORM

Direct questions regarding this form to 373-1806.

1. SOURCE OF GRANT FUNDS RECEIVED

Grant Criteria Approval (select type and add date)
SBE Approval Date: August 13, 2013

Official Name Of Grant Program:
2013--2014 Consolidation of Local Educational Agencies/Intermediate School Districts Grant
(year) (year) (title)

Grant Type: ☐Initial ☒Amendment ☐Continuation Multiple Years: Year _____ of _____

Legislation Authorizing This Grant Program: PA 60 of 2013 State School Aid (MCL 388.1622g)

☐Federal Grant: CFDA Number _____ ☒State Aid Grant: Section Number 22g ☐Other (specify) _____

2. SBE Priorities, Policies, and Programs that this Grant Supports:
This grant will be used to support the consolidation of educational entities, promoting a more effective and efficient statewide school organization plan, which will free up other available educational resources to support good outcomes for all students.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:
The State Legislature appropriated $5 million for competitive assistance grants to districts and intermediate districts under the 2013-2014 School Aid Act. The funds are to be used for the reimbursement of transition costs associated with the consolidations of districts or intermediate districts that occur on or after June 1, 2013.

Type of Distribution: (check one)
☒ Competitive
☐ Formula
☐ Other: (specify below)

4. Target Population to be Served by Grant:
The target population of this grant are Local Educational Agencies and Intermediate School Districts that are considering or in the process of consolidation.

Type of Award: (check all applicable)
☐ Initial (Exhibit A)
☒ Revised (Exhibit A)
☐ Conditional (Exhibit A)
☐ Denial (Exhibit B)

5. Eligible Applicants:
The eligible applicants of this grant are Local Educational Agencies and Intermediate School Districts that are considering or in the process of consolidation.

Type of Notification: (check one)
☒ Letter
☐ Mail-merge Letter
☐ MEGS+
☐ Other: (specify below)

6. Award Information:

Original Award Date: 04-04-2014

Original Award Amount: $352,193

Amendment Date(s):	Amendment Amount(s):
12-12-2014	$342,500
_____	$_____
_____	$_____
_____	$_____

Total Recommended Award to Date: $694,693

7. Responsible Program Office:

Office Name	Unit Name	Contact Name	Phone Number
State Aid and School Finance		Christopher May	5173351263

This Form Was Prepared by: Christopher May **Phone Number:** 5173351263

8. OFFICE

Office Director Approval Signature: _____ Date: 12/9/14

Phone:

Comments:

☒ Exhibit B Not Required because: **This form is being submitted to increase the intial grant award of one district.**

9. GRANTS OFFICE

Grants Office Approval Signature: _____ Date: 12/10/14

Comments:

10. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: _____ Date: 12-11-14

Comments:

11. SUPERINTENDENT

Superintendent Approval Signature: _____ Date: 12-12-14

Comments:

INSTRUCTIONS

A. Complete items 1-8 on this form. The Grants Coordination and School Support Unit in the Office of School Support Services will facilitate completion of items 9-11. Follow instructions in the checklist instructions for producing all parts of the Grant Award Approval request packet.

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 is a list of applicants or agencies recommended for funding, and Exhibit B is a list of those Not recommended for funding.

C. If notifying by letter, attach grant award letters for the Superintendent's signature, a Grant Award Notification form (yellow sheet) for each award, and any non-award letters prepared for the Program Area Director's signature. Provide these in the same order as in Exhibit A and/or B. If using MEGS+ to general grant award notifications, then no letters need be attached to the packet because they will be generated in MEGS+.

D. Submit this Grant Award Approval form on pink paper, with all attachments, to the **Grants Coordination and School Support Unit.**

Note: The approval process takes, on average, one week to review and then 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 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 State Aid and School Finance
2013-2014 Consolidation of Local Educational Agencies/Intermediate School Districts Grant

Applicants Recommended for Funding

Applicant	Previous Award	Amended Amount	Total Recommended Award
North Huron School District	135,000	342,500	477,500

Total Amended Amount: **$ 342,500**