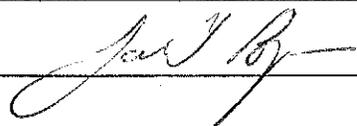
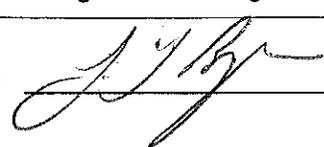
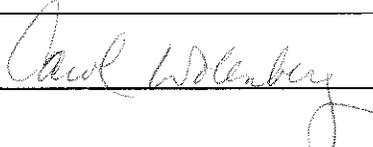
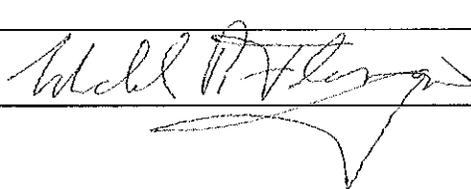


GRANT AWARD APPROVAL FORM

1. SOURCE OF GRANT FUNDS RECEIVED		SBE Grant Criteria Approval Date (meeting date): 2/11/14	
Official Name Of Grant Program: <u>2013--2014</u> <u>Promoting Adol. Health in MI Through School-Based HIV/STD Prev. and School-Based Surv.</u> (year) (year) (title)			
Grant Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation			
Legislation Authorizing This Grant Program: Public Health Service Act, 42 U.S.C. 247(b)(k)(2)			
<input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>93.079</u> <input type="checkbox"/> State Aid Grant: Section Number _____ <input type="checkbox"/> Other (specify) _____			
2. SBE Priorities, Policies, and Programs that this Grant Supports: The grant supports the SBE's mission by building the capacity of Michigan school districts to develop and implement sustainable program activities that reduce HIV and other STDs, and teen pregnancy.			
MDE DISTRIBUTION OF GRANT FUNDS		Type of Distribution: (check one)	
3. Background/Purpose of Grant Program: The grant allows MDE to continue with projects focused on decreasing barriers to learning, building a safe and supportive school environment, and supporting student health and academic achievement.		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Designated	
4. Target Population to be Served by Grant: Target populations served are secondary schools within all Michigan school districts and a more intensive focus on 16 partner school districts.		Type of Award: (check all applicable) <input checked="" type="checkbox"/> Initial (Exhibit A) <input type="checkbox"/> Revised (Exhibit A) <input type="checkbox"/> Conditional (Exhibit A) <input type="checkbox"/> Denial (Exhibit B)	
5. Eligible Applicants: Eligible applicants are non-governmental organizations, state/local health departments, school or district entities, and/or institutes of higher education as designated in MDE's approved grant application to the federal funding agency, the CDC/DASH.		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)	
6. Award Information:			
Original Award Date: <u>8/1/13</u>	Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date:
Original Award Amount: <u>\$43,270</u>	_____	\$ _____	<u>\$43,270</u>
_____	_____	\$ _____	
_____	_____	\$ _____	
7. Responsible Program Office:			
<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></u>	Date: <u>2/13/14</u>
Phone: 50565	KAK
Comments:	
<input checked="" type="checkbox"/> Exhibit B Not Required because: grants are designated	
9. GRANTS OFFICE	
Grants Office Approval Signature: <u></u>	Date: <u>2/13/14</u>
Comments:	
10. DEPUTY SUPERINTENDENT	
Deputy Superintendent Approval Signature: <u></u>	Date: <u>2/21/14</u>
Comments:	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u></u>	Date: <u>2-21-14</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**

**2013-2014 Promoting Adolescent Health in Michigan
Through School-Based HIV/STD Prevention and
School-Based Surveillance**

Applicants Recommended for Funding

<u>Applicant</u>	<u>Requested Amount</u>	<u>Recommended Amount</u>
Michigan Department of Community Health	\$ 7,500	\$ 7,500
Michigan Organization on Adolescent Sexual Health	\$ 4,500	\$ 4,500
Michigan Primary Care Association	\$ 31,270	\$ 31,270
TOTAL	\$ 43,270	\$ 43,270