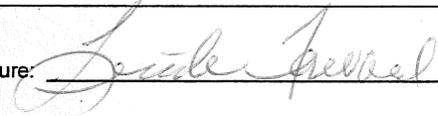
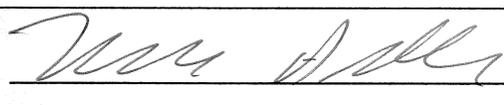
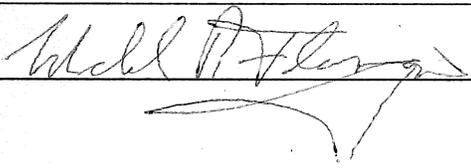


GRANT AWARD APPROVAL FORM

1. SOURCE OF GRANT FUNDS RECEIVED Official Name Of Grant Program: <u>2013—2014</u> <u>Regional Assistance to High Priority Schools</u> (year) (year) (title) Grant Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation <u>Legislation Authorizing This Grant Program:</u> Elementary and Secondary Education Act of 1965 (ESEA), as Amended, Title I <input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.10A</u> <input type="checkbox"/> State Aid Grant: Section Number _____ <input type="checkbox"/> Other (specify) _____	SBE Grant Criteria Approval Date (meeting date): 8/9/11										
2. SBE Mission, Policies, and Programs that this Grant Supports: Policies: Creating Effective Learning Environments Attain substantial and meaningful improvement in academic achievement for all students/children with primary emphasis on high priority schools and students.											
MDE DISTRIBUTION OF GRANT FUNDS	Type of Distribution: (check one) <input type="checkbox"/> Competitive <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)										
3. Background/Purpose of Grant Program: Provide funds to intermediate school districts to support initiatives to improve academic achievement in high priority schools. Funds will be used to provide professional staff and direct services to improve student achievement by implementing a school improvement, corrective action, or restructuring plan, as required by the particular phase of each high priority school.	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: Students and staff in Title I Priority schools.	Type of Notification: (check one) <input type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input checked="" type="checkbox"/> MEGS/MEGS+ <input type="checkbox"/> Other: (specify below)										
5. Eligible Applicants: Intermediate school districts with at least one Title I school within its boundaries that is identified as a Priority school by the MDE.	Type of Notification: (check one) <input type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input checked="" type="checkbox"/> MEGS/MEGS+ <input type="checkbox"/> Other: (specify below)										
6. Award Information: Original Award Date: <u>10/1/13</u> Original Award Amount: <u>\$7,810,000</u>	Amendment Date(s): <u>1/16/14</u> <u>2/4/14</u>	Amendment Amount(s): <u>\$235,000</u> <u>\$170,000</u> \$ _____ \$ _____	Total Recommended Award to Date: <u>\$8,215,000</u>								
7. Responsible Program Office: <table style="width:100%; border: none;"> <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>Education Improvement and Innovation</td> <td>School Improvement Support</td> <td>Karen Ruple</td> <td>5173734226</td> </tr> </table>				<u>Office Name</u>	<u>Unit Name</u>	<u>Contact Name</u>	<u>Phone Number</u>	Education Improvement and Innovation	School Improvement Support	Karen Ruple	5173734226
<u>Office Name</u>	<u>Unit Name</u>	<u>Contact Name</u>	<u>Phone Number</u>								
Education Improvement and Innovation	School Improvement Support	Karen Ruple	5173734226								
This Form Was Prepared by: Greg Olszta		Phone Number: 5172414715									

8. OFFICE	
Office Director Approval Signature: <u></u>	Date: <u>2/10/14</u>
Phone: 5172413147	
Comments:	
<input checked="" type="checkbox"/> Exhibit B Not Required because: This is a Formula Grant	
9. GRANTS OFFICE	
Grants Office Approval Signature: <u></u>	Date: <u>2/12/14</u>
Comments:	
10. DEPUTY SUPERINTENDENT	
Deputy Superintendent Approval Signature: <u></u>	Date: <u>2/13/14</u>
Comments:	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u></u>	Date: <u>02/18/14</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
Office of Education Improvement and Innovation
School Improvement Support Unit
2013-2014 Regional Assistance to High Priority Schools**

Applicants Recommended for Funding

Applicant	Previous Award	Amended Amount	Total Recommended Award
Oakland Schools	\$ 555,000	\$170,000	\$ 725,000

Total Amended Amount:

\$170,000