

Direct questions regarding this form to 373-1806.

GRANT AWARD APPROVAL FORM

1. SOURCE OF GRANT FUNDS RECEIVED SBE Grant Criteria Approval Date (meeting date):
February 11, 2014

Official Name Of Grant Program:
2013--2014 Safe Schools/Healthy Students State Planning, Local Educ. Agencies, & Local Communities
(year) (year) (title)

Grant Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program: Public Health Service Act, 42 U.S.C. 290bb

Federal Grant: CFDA Number 93.243 State Aid Grant: Section Number _____ Other (specify) _____

2. SBE Mission, Policies, and Programs that this Grant Supports:
This grant supports the SBE's mission by building the capacity to develop and implement sustainable program activities that reduce substance abuse among students, increase access to behavioral health services, increase support for early childhood development, improve school climate, and reduce student exposure to violence.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

The grant allows MDE to fund projects to empower the local districts to improve their ability and capacity in meeting the mental health, substance use and violence prevention, and early childhood needs of all students.

Type of Distribution: (check one)

- Competitive
- Formula
- Other: (specify below)
Designated

4. Target Population to be Served by Grant:

Target population are the students within the three designated communities.

Type of Award: (check all applicable)

- Initial (Exhibit A)
- Revised (Exhibit A)
- Conditional (Exhibit A)
- Denial (Exhibit B)

5. Eligible Applicants:

Initial grants will be awarded to organizations designated in MDE's application to Substance Abuse and Mental Health Services Administration (SAMHSA).

Type of Notification: (check one)

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

6. Award Information:

Original Award Date: <u>2/20/14</u>	Amendment Date(s): <u>6/12/14</u>	Amendment Amount(s): <u>\$1,376,259</u>	Total Recommended Award to Date:
Original Award Amount: <u>\$243,000</u>	_____	\$ _____	<u>\$1,619,259</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: Patty Lawless

Phone Number: 31122

8. OFFICE	
Office Director Approval Signature: _____ Phone: 50565	Date: <u>6/4/14</u>
Comments: _____	KAK
<input checked="" type="checkbox"/> Exhibit B Not Required because: grants are designated	
9. GRANTS OFFICE	
Grants Office Approval Signature: _____	Date: <u>6/12/14</u>
Comments: _____	
10. DEPUTY SUPERINTENDENT	
Deputy Superintendent Approval Signature: _____	Date: <u>6-17-14</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: _____	Date: <u>6-17-14</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 Safe Schools/Healthy Students State Planning,
Local Education Agencies, and Local Communities**

Applicants Recommended for Funding

<u>Applicant</u>	<u>Previous Award</u>	<u>Amended Amount</u>	<u>Total Recommended Award</u>
Education Achievement Authority of Michigan	\$ 50,000	\$ 458,753	\$ 508,753
Houghton Lake Community Schools	\$ 50,000	\$ 458,753	\$ 508,753
Michigan Department of Community Health	\$ 70,000		\$ 70,000
Parent Action for Healthy Kids	\$ 23,000		\$ 23,000
School District of the City of Saginaw	\$ 50,000	\$ 458,753	\$ 508,753
Total	\$ 243,000	\$ 1,376,259	\$ 1,619,259