

GRANT AWARD APPROVAL FORM

1. SOURCE OF GRANT FUNDS RECEIVED		SBE Grant Criteria Approval Date (meeting date): WAIVER 10/24/2012	
Official Name Of Grant Program: <u>2013--2014</u> <u>Title III, Part A, English Language Acquisition Program</u> (year) (year) (title)			
Grant Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation			
Legislation Authorizing This Grant Program: No Child Left Behind Act of 2001 - Title III, Part A			
<input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.365A</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 Title III, Part A, English Language Acquisition Program supports the State Board of Education's mission for all students to graduate ready for careers, college, and community by providing assistance to non-English speaking students.			
MDE DISTRIBUTION OF GRANT FUNDS		Type of Distribution: (check one)	
3. Background/Purpose of Grant Program: The English Language Acquisition Program is designed to assist non-English speaking students acquire English language skills so that they are able to participate in the classroom experience and meet the state's academic standards.		<input type="checkbox"/> Competitive <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)	
4. Target Population to be Served by Grant: English Language Learners enrolled in elementary and secondary schools.		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)	
5. Eligible Applicants: Local Educational Agencies, Public School Academies, Intermediate School Districts, and consortia of these.		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>10/17/2013</u>	Amendment Date(s): <u>04/10/14</u>	Amendment Amount(s): <u>\$3,048</u>	Total Recommended Award to Date:
	<u>06/13/14</u>	<u>\$(3,048)</u>	
Original Award Amount: <u>\$8,221,853</u>	<u>06/13/14</u>	<u>\$499</u>	<u>\$8,221,853</u>
	<u>12/19/14</u>	<u>\$0</u>	
	<u>3/4/15</u>	<u>\$(499)</u>	
7. Responsible Program Office:			
<u>Office Name</u>	<u>Unit Name</u>	<u>Contact Name</u>	<u>Phone Number</u>
Office of Field Services	Special Populations	Mike Radke	3-3921
This Form Was Prepared by: Tamara Franks		Phone Number: 5-0352	

8. OFFICE	 Office Director Approval Signature: _____	Date: <u>3-11-15</u>
	Phone: _____	
	Comments: _____	
<input checked="" type="checkbox"/> Exhibit B Not Required because: Formula Grant		
9. GRANTS OFFICE	 Grants Office Approval Signature: _____	Date: <u>3/12/15</u>
	Comments: _____	
10. DEPUTY SUPERINTENDENT	 Deputy Superintendent Approval Signature: _____	Date: <u>03/13/15</u>
	Comments: _____	
11. SUPERINTENDENT	 Superintendent Approval Signature: _____	Date: <u>3/13/15</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.

EXHIBIT A**Michigan Department of Education
Office of Field Services, Special Populations Unit
FY 2013-14****Title III, Part A - English Language Acquisition Program****Agencies Recommended for Funding**

Agency Code	Agency Name	Previous Amount	Amended Amount	Total Recommended Amount
73080	Buena Vista School District	(300)	300	0.00
82080	School District of the City of Inkster	(2,301)	2,301	0.00
41909	Vista Charter Academy	177,568	(100)	177,468
82000	Wayne RESA	260,399	(1,600)	258,799
63080	Bloomfield Hills Schools	29,211	(100)	29,111
73010	School District of the City of Saginaw	23,509	(400)	23,109
82010	Detroit City School District	785,002	(200)	784,802
82150	Taylor School District	27,110	(700)	26,410
TOTALS:			(\$499)	

The allocations for these agencies were not changed due to the ratio of new funds to total allocation and the amount of effort required by the agency to change their budget. As a result of the decision not to change the total allocation, we are removing the allocation changes made June 13, 2014. This action brings the total allocation in MEGS+ into alignment with the Grants Office documentation.