

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): **6/14/2011**

Official Name Of Grant Program:
2013--2014 Title X, McKinney-Vento Homeless Students Assistance Grant
(year) (year) (title)

Grant Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program: Title X, Part C of the No Child Left Behind Act of 2001

Federal Grant: CFDA Number 84.196A State Aid Grant: Section Number _____ Other (specify) _____

2. SBE Priorities, Policies, and Programs that this Grant Supports:
The McKinney-Vento Homeless Students Assistance Grant supports the State Board of Education's mission for all students to graduate ready for careers, college, and community by offering support to the state of Michigan's homeless student population.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:
The purpose of this grant is to ensure that all homeless children and youth have equal access to the same free, appropriate public education available to other children.

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

4. Target Population to be Served by Grant:
Homeless children and youth.

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

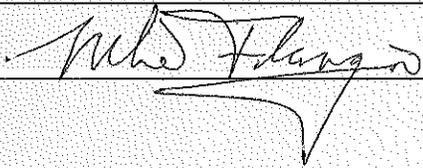
5. Eligible Applicants:
Public school academies, local school districts, intermediate school districts, and consortia of these.

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

6. Award Information:	Amendment <u>10/08/13</u>	Amendment \$ <u>0</u>	Total Recommended Award to Date: \$1,100,000
Original Award Date: <u>09/13/2013</u>	Date(s): <u>01/12/2015</u>	Amount(s): \$ <u>0</u>	
Original Award Amount: \$ <u>1,100,000</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: <u></u>	Date: <u>1-14-15</u>
	Phone: _____	
	Comments: _____	
	<input checked="" type="checkbox"/> Exhibit B Not Required because: All applicants were funded.	
9. GRANTS OFFICE	Grants Office Approval Signature: <u></u>	Date: <u>1/22/15</u>
	Comments: _____	
10. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u></u>	Date: <u>1/22/15</u>
	Comments: _____	
11. SUPERINTENDENT	Superintendent Approval Signature: <u></u>	Date: <u>1/22/15</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.

**Michigan Department of Education
Office of Field Services, Special Populations Unit
Title X, McKinney-Vento Homeless Students Assistance Grant
F.Y. 2013-14 Allocation Amendment**

Agency Code	Agency Name	2013-14 Award	Amended Amount	Total Recommended Amount
19000	Clinton County RESA	\$0	\$18,187	\$18,187
23090	Pottersville Public Schools	\$78,122	(\$18,187)	\$59,935
TOTALS:			\$0.00	

This amendment is required to allow the carryover of funds from the previous consortium lead agency to the current consortium lead agency. Once approved, \$18,187 will appear as carryover in the budget of the Clinton County RESA 2014-15 Title X, McKinney-Vento Homeless Students