

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2014--2015 Application for School Bus Driver Safety Education Program
(year) (year) (title)

Use of Funding Source: Initial Amendment Continuation Multiple Years: Year _____ of _____

Legislation Authorizing This Grant Program: Public Act 196 of 2014

Federal Grant: CFDA Number _____ State Aid Grant: Section Number 74 Other (specify) _____

2. **Grant Criteria Approval:** SBE Approval Date: 12/17/2013
(select type and add date)

SBE Priorities, Policies, and Programs that this Grant Supports:

This grant supports the State Board of Education's mission of having all students graduate ready for careers, college, and community by providing pupil transportation support services that get students to and from school safely. An amount of \$1,625,000 is appropriated in Section 74 of the State School Aid Act for the purpose of providing school bus drivers safety education programs in accordance with the requirements of Section 51 of the Pupil Transportation Act (MCL 257.1851).

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

This grant will provide safety education training for approximately 20,000 school bus drivers and persons in charge of school bus operations. Fourteen intermediate school districts and one university submitted applications for this program.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)

4. **Eligible Applicants:**

Eligible applicants include intermediate school districts and state approved colleges and universities.

Type of Award from MDE: (check all applicable)

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

5. **Target Population Served by this Grant:**

Target population includes school bus drivers and supervisors.

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

Type of Notification from MDE: (check one)

6. **Award Information:**

Original Award Date:
10-1-14

Original Award Amount:
\$1,625,000

Amendment Date(s):
11/12-15

Amendment Amount(s):
\$0
\$ _____
\$ _____
\$ _____

Total Recommended Award to Date:
\$1,625,000

7. **Responsible Office:**

Office of School Support Services

Contact Name

Kevin Walters

Phone Number

335-0543

This Form Was Prepared by: Ken Micklash

Phone Number: 373-6388

**Michigan Department of Education
Office School Support Services
Application for School Bus Driver Safety Education Program**

Exhibit A

Applicants Recommended for Funding

Applicant	Previous Award	Amended Amount	Total Recommended Award
Charlevoix-Emmet ISD	140,240	6,278	146,518
Eastern Upper Peninsula ISD	77,080	(31,456)	45,624
Genesee ISD	113,284	(2,459)	110,825
Iosco RESA	157,416	(4,997)	152,419
Jackson ISD	62,809	19,069	81,878
Kalamazoo RESA	130,725	30,688	161,413
Kent ISD	107,734	19,111	126,845
Macomb ISD	77,872	(8,360)	69,512
Oakland Schools	142,882	6,165	149,047
Ottawa Area ISD	94,785	583	95,368
Saginaw ISD	111,170	(16,364)	94,806
St. Clair County RESA	74,701	(33,012)	41,689
Washtenaw ISD	74,173	35,247	109,420
Wayne RESA	178,557	(13,492)	165,065
Northern Michigan University	81,572	(7,001)	74,571
Total Amended Amount	\$1,625,000	\$0	\$1,625,000