

Direct questions regarding this form to 373-1806.

Rev. 10/2014

GRANT AWARD APPROVAL FORM

<p>1. SOURCE OF GRANT FUNDS RECEIVED</p> <p>Official Name Of Grant Program: <u>2014--2015</u> <u>Child Care Development Block Grant</u> (year) (year) (title)</p> <p>Grant Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation Multiple Years: Year ____ of ____</p> <p>Legislation Authorizing This Grant Program: <u>Child Care and Development Block Grant Act of 1990, as amended, Public Law 111-117</u></p> <p><input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>93.575</u> <input type="checkbox"/> State Aid Grant: Section Number ____ <input type="checkbox"/> Other (specify) _____</p>	<p>Grant Criteria Approval (select type and add date) Waiver Approval Date: 3 year waiver (signed August 2012). Waiver expires October 18, 2015.</p>
--	--

2. SBE Priorities, Policies, and Programs that this Grant Supports:
 This program supports the State Board of Education's goal to implement Great Start to Quality, a system of progressive standards that identifies higher standards and higher levels of quality for all licensed early learning and development programs and unlicensed subsidized providers.

MDE DISTRIBUTION OF GRANT FUNDS	Type of Distribution: (check one)
<p>3. Background/Purpose of Grant Program: The Early Childhood Investment Corporation (ECIC) will oversee and assure the development and implementation of the Great Start System. It will coordinate and support early childhood programs to improve the delivery of services to children from birth to age eight and their families. In addition, it will coordinate and implement a quality program as part of the Great Start System to improve the quality of child care received in Michigan.</p>	<p><input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Prescribed by an Interlocal Agreement</p>

<p>4. Target Population to be Served by Grant: The Child Care and Development Block Grant assists low-income families in obtaining child care assistance so they can work or attend training and education. The program also improves the quality of child care, and promotes coordination among early childhood development and afterschool programs.</p>	<p>Type of Award: (check all applicable)</p> <p><input checked="" type="checkbox"/> Initial (Exhibit A) <input type="checkbox"/> Revised (Exhibit A) <input type="checkbox"/> Conditional (Exhibit A) <input type="checkbox"/> Denial (Exhibit B)</p>
--	---

<p>5. Eligible Applicants: Early Childhood Investment Corporation</p>	<p>Type of Notification: (check one)</p> <p><input checked="" type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input type="checkbox"/> MEGS+ <input type="checkbox"/> Other: (specify below)</p>
---	--

6. Award Information:	Amendment _____	Amendment \$ _____	Total Recommended Award to Date:
Original Award Date: <u>10/1/14</u>	Date(s): _____	Amount(s): \$ _____	
Original Award Amount: \$10,784,206	_____	\$ _____	\$10,784,206
	_____	\$ _____	

7. Responsible Program Office:			
<u>Office Name</u>	<u>Unit Name</u>	<u>Contact Name</u>	<u>Phone Number</u>
Office of Great Start	Child Development and Care	Lisa Brewer Walraven	517-373-4116

This Form Was Prepared by: Lisa Brewer Walraven Phone Number: 517-373-4116

8. OFFICE	
Office Director Approval Signature: <u>Ysa Bower Walraven</u>	Date: <u>11/14/14</u>
Phone: _____	
Comments: _____	
<input type="checkbox"/> Exhibit B Not Required because: _____	
9. GRANTS OFFICE	
Grants Office Approval Signature: <u>[Signature]</u>	Date: <u>[Signature]</u>
Comments: _____	
10. DEPUTY SUPERINTENDENT	
Deputy Superintendent Approval Signature: <u>[Signature]</u>	Date: <u>11/20/14</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u>[Signature]</u>	Date: <u>11-20-14</u>
Comments: _____	

INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Coordination and School Support Unit in the Office of School Support Services will facilitate completion of items 9-11. Follow instructions in the checklist instructions for producing all parts of the Grant Award Approval request packet.
- 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 is a list of applicants or agencies recommended for funding, and Exhibit B is a list of those Not recommended for funding.
- C. If notifying by letter, attach grant award letters for the Superintendent's signature, a Grant Award Notification form (yellow sheet) for each award, and any non-award letters prepared for the Program Area Director's signature. Provide these in the same order as in Exhibit A and/or B. If using MEGS+ to general grant award notifications, then no letters need be attached to the packet because they will be generated in MEGS+.
- D. Submit this Grant Award Approval form on pink paper, with all attachments, to the **Grants Coordination and School Support Unit**.

Note: The approval process takes, on average, one week to review and then 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 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 Great Start
2014-2015 Child Development and Care Block Grant**

Exhibit A

Applicants Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Early Childhood Investment Corporation (ECIC)		\$10,784,206
		<hr/>
	Total:	\$ 10,784,206