

GRANT AWARD APPROVAL FORM

1. SOURCE OF GRANT FUNDS RECEIVED

SBE Grant Criteria Approval Date (meeting date):
5/08/2012

Official Name Of Grant Program:

2014--2015 IDEA, Part B Mandated Activities Projects
(year) (year) (title)

Grant Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program: P.L. 108-446 Individuals with Disabilities Education Act (IDEA 2004)

Federal Grant: CFDA Number 84.027A State Aid Grant: Section Number _____ Other (specify) _____

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

This grant supports the SBE Priorities and the requirements under IDEA by implementing a monitoring, technical assistance, and enforcement system as part of the general supervision requirements; providing information dissemination, training, and technical assistance as well as personnel development for improvement of instruction for students with disabilities, using evidence-based interventions and practices in several areas, including: mathematics, utilizing Universal Design for Learning research and principles, assistive technology, mediation, and training and technical assistance for autism, transition services, and family involvement, to improve achievement for students with disabilities.

MDE DISTRIBUTION OF GRANT FUNDS

Type of Distribution: (check one)

3. Background/Purpose of Grant Program:

To provide assistance/support to the Office of Special Education in conducting the regulatory and administrative activities required under IDEA; provide statewide mediation, transition services, and assistive technology; provide information, training, and technical assistance; provide improvement in mathematics instruction that benefit all learners; and provide a statewide system of support and information for parents and families.

- Competitive
 Formula
 Other: (specify below)

4. Target Population to be Served by Grant:

Infants and toddlers, students with disabilities, and their families

Type of Award: (check all applicable)

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

5. Eligible Applicants:

Intermediate school districts, local education agencies, including public school academies, institutions of higher education, professional organizations, private profit and non-profit organizations, including parent and advocacy organizations.

Type of Notification: (check one)

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

6. Award Information:

| | | | |
|--|--------------------------------------|--------------------------------------|----------------------------------|
| Original Award Date: <u>10/01/2014</u> | Amendment Date(s): <u>10/01/2014</u> | Amendment Amount(s): <u>\$81,000</u> | Total Recommended Award to Date: |
| Original Award Amount: <u>\$14,255,830</u> | | \$ _____ | <u>\$14,336,830</u> |
| | | \$ _____ | |
| | | \$ _____ | |

7. Responsible Program Office:

| Office Name | Unit Name | Contact Name | Phone Number |
|-------------|-----------------|----------------|--------------|
| OSE | Program Finance | John Andrejack | 14386 |

This Form Was Prepared by: Scott Slater

Phone Number: 51662

8. OFFICE

Office Director Approval Signature: *Deirdre Chapman* Date: 9-23-14
Phone: 50455

Comments:

Exhibit B Not Required because: This is an amendment to the original award

9. GRANTS OFFICE

Grants Office Approval Signature: *J. By* Date: 9/26/14

Comments:

10. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: *Veronica A. Kender* Date: 9/29/14

Comments:

11. SUPERINTENDENT

Superintendent Approval Signature: *Michael Flanagan* Date: 9/29/14

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 Special Education
2013-2014
Individuals with Disabilities Education Act (IDEA), Part B
Mandated Activities Projects**

Applicants Recommended for Funding

Dispute Resolution

| <u>Applicant</u> | <u>Previous Award</u> | <u>Amended Amount</u> | <u>Total Recommended Award</u> |
|--|---------------------------|---------------------------|--|
| Dispute Resolution Association of Michigan | \$ 620,000 | \$ 81,000 | \$ 701,000 |
| Total Amended Amount: | | \$ 81,000 | |