(formerly OG-2805/Pink)
Rev. 2/13

Michigan Department of Education
OFFICE OF SCHOOL SUPPORT SERVICES

GRANT AWARD APPROVAL FORM

Direct questions regarding this form to 373-1806.

1. SOURCE OF GRANT FUNDS RECEIVED

SBE Grant Criteria Approval Date (meeting date):
6/15/10 through Life of Grant

Official Name Of Grant Program:
2014--2015 Individuals with Disabilities Education Act Preschool Indicators Grant
(year) (year) (title)

Grant Type: ☒Initial ☐Amendment ☒Continuation

Legislation Authorizing This Grant Program: P.L. 105-17 Individuals with Disabilities Education Act (IDEA)

☒Federal Grant: CFDA Number 84.173A ☐State Aid Grant: Section Number _____ ☐Other (specify) _____

2. SBE Priorities, Policies, and Programs that this Grant Supports:
The Individuals with Disabilities Education Act (IDEA), Part B, Section 619 Preschool grant to Michigan serves the purpose of providing special education programs and services to children with disabilities ages two and a half through five. Federal IDEA legislation requires each state to report annually on performance for children with disabilities ages three through 21 receiving special education services in the SPP/APR. Three indicators apply exclusively to children three to five years of age and this grant supports the identification, development, and implementation of improvement strategies for children served in the early childhood special education system.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:
The Individuals with Disabilities Education Act (IDEA) Preschool Indicators Grant will annually collect and analyze information and performance data necessary for special education services for preschool children with disabilities. Data collected and analyzed by the grantee(s) will provide direction for, and improvement of, targets for preschool children with disabilities ages three through five. This is year five of a five-year grant cycle.

Type of Distribution: (check one)

☒ Competitive
☐ Formula
☐ Other: (specify below)

4. Target Population to be Served by Grant:
Preschool children with disabilities and providers of special education services comprise the target population.

Type of Award: (check all applicable)

☒ Initial (Exhibit A)
☐ Revised (Exhibit A)
☐ Conditional (Exhibit A)
☐ Denial (Exhibit B)

5. Eligible Applicants:
Eligible applicants include local and intermediate school districts, human service agencies, public or private organizations and agencies, advocacy organizations, institutions of higher learning, and others with appropriate expertise and experience.

Type of Notification: (check one)

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

6. Award Information:

Original Award Date: 10/1/14

Original Award Amount: $225,000

Amendment Date(s):	Amendment Amount(s):
_____	$_____
_____	$_____
_____	$_____
_____	$_____

Total Recommended Award to Date: $225,000

7. Responsible Program Office:

Office Name	Unit Name	Contact Name	Phone Number
Office of Great Start/ECE&FS	Preschool and Early Elementary Programs	Lisa Wasacz	241-4520

This Form Was Prepared by: Cheryl Najm **Phone Number:** 335-1580

8. OFFICE

Office Director Approval Signature: _____ Date: 9/16/2014

Phone:

Comments:

☒ Exhibit B Not Required because: **These grants are continuation grants as part of a five-year grant cycle. For 2014-2015, these grants are in year five.**

9. GRANTS OFFICE

Grants Office Approval Signature: _____ Date: 9/18/14

Comments:

10. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: _____ Date: 9/16/2014

Comments:

11. SUPERINTENDENT

Superintendent Approval Signature: _____ Date: 9-22-14

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.

Exhibit A

Michigan Department of Education
Office of Great Start/Early Childhood Education and Family Services
Individuals with Disabilities Education Act Preschool Indicators Grant
2014-2015

Applicants Recommended for Funding

a) **Data Analysis and Reporting**

Applicant	Amount Requested	Amount Recommended
HighScope Educational Research Foundation	$80,000	$80,000

b) **Professional Development and Technical Assistance**

Applicant	Amount Requested	Amount Recommended
Clinton County Regional Educational Service Agency	$145,000	$145,000
Total	**$225,000**	**$225,000**