

Direct questions regarding this form to 373-1806.

Rev. 10/2014

GRANT AWARD APPROVAL FORM

1. SOURCE OF GRANT FUNDS RECEIVED Official Name Of Grant Program: <u>2014-2015</u> — <u>Mandated</u> <u>Activities Under the Individuals with Disabilities Education Act (IDEA 2004), Part C</u> (year) (year) (title) Grant Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation Multiple Years: Year ____ of ____ Legislation Authorizing This Grant Program: <u>P.L. 105-17 Individuals with Disabilities Education Act (IDEA)</u> <input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.181A</u> <input type="checkbox"/> State Aid Grant: Section Number ____ <input type="checkbox"/> Other (specify) _____	Grant Criteria Approval (select type and add date) SBE Approval Date: 1) waiver 9/11/13; 2) 5/8/12; 3) 10/9/12; 4) 5/8/12
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2. SBE Priorities, Policies, and Programs that this Grant Supports:
 These grants support the Board's expectation of successful outcomes for all students by providing the early intervention support needed to achieve improved outcomes for children and families, and also addresses the Board's goal by providing timely and accurate information for intervention services to support children's development. All activities of the Early On system address the tenets of universal education and promote early childhood literacy and school/community relationships.

MDE DISTRIBUTION OF GRANT FUNDS	Type of Distribution: (check one)
3. Background/Purpose of Grant Program: To provide assistance and support to the Office of Great Start/Early Childhood Education and Family Services in conducting the regulatory activities required under IDEA, providing information for federal evaluation activities, providing activities and information aimed at supporting parents of children with disabilities, providing personnel development and technical assistance, and developing and distributing public awareness referral materials.	<input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)

4. Target Population to be Served by Grant: Service providers, intermediate school districts, and children who have disabilities and their families.	Type of Award: (check all applicable) <input type="checkbox"/> Initial (Exhibit A) <input checked="" type="checkbox"/> Revised (Exhibit A) <input type="checkbox"/> Conditional (Exhibit A) <input type="checkbox"/> Denial (Exhibit B)
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5. Eligible Applicants: Grantee currently holding the award.	Type of Notification: (check one) <input type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input checked="" type="checkbox"/> MEGS+ <input type="checkbox"/> Other: (specify below)
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6. Award Information:	Amendment Date(s): <u>11/10/2014</u>	Amendment Amount(s): <u>\$139,000</u>	Total Recommended Award to Date:
Original Award Date: <u>10/1/2014</u>	_____	\$ _____	<u>\$1,726,549</u>
Original Award Amount: <u>\$1,587,549</u>	_____	\$ _____	
	_____	\$ _____	

7. Responsible Program Office:			
<u>Office Name</u> Office of Great Start/ECEFS	<u>Unit Name</u> Infant/Toddler and Family Services	<u>Contact Name</u> Vanessa Winborne	<u>Phone Number</u> 335-4865

This Form Was Prepared by: Vanessa Winborne Phone Number: 335-4865

8. OFFICE	
Office Director Approval Signature: _____	Date: <u>11/10/14</u>
Phone: _____	
Comments: _____	
<input checked="" type="checkbox"/> Exhibit B Not Required because: This is an amendment to existing grants.	
9. GRANTS OFFICE	
Grants Office Approval Signature: _____	Date: _____
Comments: _____	
10. DEPUTY SUPERINTENDENT	
Deputy Superintendent Approval Signature: _____	Date: <u>11/10/14</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: _____	Date: <u>11-13-14</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/Early Childhood Education and Family Services

2014-2015 Mandated Activities Under the
Individuals with Disabilities Education Act (IDEA 2004), Part C

Applicants Recommended for Funding

1. Early On® Michigan Interagency Collaboration Grant Awards Under the FY 2013-2014 Part C Allocation to Michigan

<u>Recipient</u>	<u>Previous Award</u>	<u>Amended Amount</u>	<u>Total Recommended Award</u>
Inter-Tribal Council of Michigan	\$21,669	\$0	\$21,669
Michigan Department of Community Health	\$98,496	\$0	\$98,496
Michigan Department of Human Services	\$68,947	\$0	\$68,947

2. Mandated Activities Under the Individuals with Disabilities Education Act (IDEA) - Training and Technical Assistance for Family Involvement

<u>Recipient</u>	<u>Previous Award</u>	<u>Amended Amount</u>	<u>Total Recommended Award</u>
The Arc Michigan/Michigan Alliance for Families	\$105,981	\$0	\$105,981

3. Support to the Early On Field Under Part C of the Individuals with Disabilities Education Act (IDEA)

<u>Recipient</u>	<u>Previous Award</u>	<u>Amended Amount</u>	<u>Total Recommended Award</u>
Clinton County RESA	\$966,913	\$139,000	\$1,105,913

4. Qualitative Compliance Information Grant Under Part C of the Individuals with Disabilities Education Act (IDEA)

<u>Recipient</u>	<u>Previous Award</u>	<u>Amended Amount</u>	<u>Total Recommended Award</u>
Wayne State University	\$325,543	\$0	\$325,543

	<u>Total Previous Award</u>	<u>Total Amended Amount</u>	<u>Total Recommended Award</u>
TOTALS:	\$1,587,549	\$139,000	\$1,726,549