

GRANT AWARD APPROVAL FORM

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| 1. SOURCE OF GRANT FUNDS RECEIVED | Grant Criteria Approval (select type and add date) SBE Approval Date: <u>12/16/2014</u> |
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Official Name Of Grant Program:
2014--2015 Project AWARE to Advance Wellness and Resilience in Education
 (year) (year) (title)

Grant Type: Initial Amendment Continuation Multiple Years: Year ____ of ____

Legislation Authorizing This Grant Program: Public Health Service Act, 520A

Federal Grant: CFDA Number 93.243 State Aid Grant: Section Number ____ Other (specify) _____

2. SBE Priorities, Policies, and Programs that this Grant Supports:
 The grant supports the SBE's mission by building the capacity of Michigan intermediate and local school districts to develop and implement sustainable program activities that increase awareness of mental health issues among school-aged youth and provide mental health professional development for school personnel and other adults that work with youth.

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| MDE DISTRIBUTION OF GRANT FUNDS | Type of Distribution: (check one) |
| 3. Background/Purpose of Grant Program: The grant allows MDE to increase awareness of mental health issues among school-aged youth, and provide professional development for school personnel and other adults who interact with school-aged youth. | <input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Designated |

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| 4. Target Population to be Served by Grant: Target populations served are the students with the three designated communities. | Type of Award: (check all applicable) <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) |
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| 5. Eligible Applicants: Eligible applicants are organizations designated in MDE's application to SAMHSA, non-governmental organizations, state/local health departments, school or district entities, or institutes of higher education. | Type of Notification: (check one) <input checked="" type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input type="checkbox"/> MEGS+ <input type="checkbox"/> Other: (specify below) |
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|---|-----------------|---------------------|----------------------------------|
| 6. Award Information: | Amendment _____ | Amendment \$ _____ | Total Recommended Award to Date: |
| Original Award Date: <u>3/9/15</u> | Date(s): _____ | Amount(s): \$ _____ | |
| Original Award Amount: <u>\$239,201</u> | _____ | \$ _____ | <u>\$239,201</u> |
| | _____ | \$ _____ | |

7. Responsible Program Office:

| | | | |
|-----------------------------------|-------------------------------|---------------------|---------------------|
| <u>Office Name</u> | <u>Unit Name</u> | <u>Contact Name</u> | <u>Phone Number</u> |
| Office of School Support Services | Coord. School Health & Safety | Kim Kovalchick | 14292 |

This Form Was Prepared by: Patty Lawless Phone Number: 31122

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| 8. OFFICE | |
| Office Director Approval Signature: <u>Mark J. Moss</u> XXXX | Date: <u>2/27/15</u> |
| Phone: 32313 | |
| Comments: | |
| <input checked="" type="checkbox"/> Exhibit B Not Required because: Grants are designated | |
| 9. GRANTS OFFICE | |
| Grants Office Approval Signature: <u>[Signature]</u> | Date: <u>3/4/15</u> |
| Comments: | |
| 10. DEPUTY SUPERINTENDENT | |
| Deputy Superintendent Approval Signature: <u>[Signature]</u> | Date: <u>3-6-15</u> |
| Comments: | |
| 11. SUPERINTENDENT | |
| Superintendent Approval Signature: <u>[Signature]</u> | Date: <u>3-6-15</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
Coordinated School Health and Safety Programs**

**2014-2015 Project AWARE to Advance Wellness
and Resilience in Education**

Applicants Recommended for Funding

| <u>Applicant</u> | <u>Requested Amount</u> | <u>Recommended Amount</u> |
|--|------------------------------------|--------------------------------------|
| Component 1 | | |
| Michigan State University | \$ 167,930 | \$ 167,930 |
| Michigan Department of Community Health | \$ 7,127 | \$ 7,127 |
| <u>Component 2</u> | | |
| Michigan Department of Community Health | \$ 64,144 | \$ 64,144 |
| TOTAL | \$ 239,201 | \$ 239,201 |