Michigan Department of Education
OFFICE OF SCHOOL SUPPORT SERVICES

Rev. 10/2014

GRANT AWARD APPROVAL FORM

Direct questions regarding this form to 373-1806.

1. SOURCE OF GRANT FUNDS RECEIVED

Grant Criteria Approval (select type and add date)
SBE Approval Date: 2/11/2014 _____

Official Name Of Grant Program:
2014--2015 Promoting Adol. Health in MI through School-Based HIV/STD Prev. and School-Based Surv.
(year) (year) (title)

Grant Type: ☐Initial ☒Amendment ☐Continuation Multiple Years: Year _____ of _____

Legislation Authorizing This Grant Program: Public Health Service Act, 42 U.S.C. 247(b)(k)(2)

☒Federal Grant: CFDA Number 93.079 ☐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 school districts to develop and implement sustainable program activities that reduce HIV and other STDs, and teen pregnancy.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:
The grant allows MDE to continue with projects focused on decreasing barriers to learning, building a safe and supportive school environment, and supporting student health and academic achievement.

Type of Distribution: (check one)

☐ Competitive
☐ Formula
☒ Other: (specify below)
Designated

4. Target Population to be Served by Grant:
Target populations served are secondary schools within all Michigan school districts and a more intensive focus on 15 partner school districts.

Type of Award: (check all applicable)

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

5. Eligible Applicants:
Eligible applicants are non-governmental organizations, state/local health departments, school or district entities, and/or institutes of higher education as desginated in MDE's approved grant application to the federal funding agency, the CDC/DASH.

Type of Notification: (check one)

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

6. Award Information:

Original Award Date: 8/1/14

Original Award Amount: $29,038

Amendment Date(s):	Amendment Amount(s):
2/23/15	$34,250
_____	$_____
_____	$_____
_____	$_____

Total Recommended Award to Date: $63,288

7. Responsible Program Office:

Office Name	Unit Name	Contact Name	Phone Number
Office of School Support Services	Coord. School Health & Safety	Kim Kovalchick	14292

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

8. OFFICE

Office Director Approval Signature: Marla J. Moss Date: 2/12/15

Phone: 32313

Comments: KAK

☒ Exhibit B Not Required because: **Grants are designated**

9. GRANTS OFFICE

Grants Office Approval Signature: Date: 2/17/15

Comments:

10. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: for Kyle Guerrant Date: 2/18/15

Comments:

11. SUPERINTENDENT

Superintendent Approval Signature: Date: 2-18-15

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.

Exhibit A

Michigan Department of Education
Coordinated School Health and Safety Programs

2014-2015 Promoting Adolescent Health in Michigan Through School-Based HIV/STD Prevention and School-Based Surveillance

Applicants Recommended for Funding

Applicant	Requested Amount	Amended Amount	Recommended Amount
Michigan Department of Community Health	$ 7,500		$ 7,500
Michigan Organization on Adolescent Sexual Health	$ 3,878		$ 3,878
Michigan Primary Care Association	$ 11,660	$ 34,250	$ 45,910
Parent Action for Healthy Kids	$ 6,000		$ 6,000
TOTAL	**$ 29,038**	**$ 34,250**	**$ 63,288**