

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 IDEA, Part B Grant Funded Initiatives
(year) (year) (title)

Use of Funding Source: Initial Amendment Continuation Multiple Years: Year ____ of ____

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

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

2. Grant Criteria Approval: Waiver Approval Date: 9/15/2015
(select type and add date)

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 and family involvement, to improve achievement for students with disabilities.

MDE DISTRIBUTION OF GRANT FUNDS

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 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.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)

4. 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 Award from MDE: (check all applicable)

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

5. Target Population Served by this Grant:

Infants and toddlers, students with disabilities, and their families

Type of Notification from MDE: (check one)

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

6. Award Information:

Original Award Date:
10/1/2015

Original Award Amount:
\$20,075,000

Amendment Date(s):
8/29/2016

Amendment Amount(s):
\$500,000

\$ ____
\$ ____
\$ ____

Total Recommended
Award to Date:

\$20,575,000

7. Responsible Office:
Office of Special Education

Contact Name
John Andrejack

241-4386

Phone Number

This Form Was Prepared by: Scott Kemmer-Slater
Phone Number: 335-1662

**Michigan Department of Education
Office of Special Education
2015-2016
Individuals with Disabilities Education Act (IDEA), Part B
Grant Funded Initiatives**

Applicants Recommended for Funding

Continuous Improvement Monitoring System (CIMS)

Applicant	Previous Award	Amended Amount	Total Recommended Award
Clinton County RESA	\$ 3,300,000	\$ 500,000	\$ 3,800,000
Total Amended Amount:		\$ 500,000	