

## GRANT AWARD APPROVAL FORM

**SOURCE OF GRANT FUNDS RECEIVED**

1. Official Name of Grant Program:  
2015--2016 ISD Collaboration Grant  
 (year) (year) (title)

Use of Funding Source:  Initial  Amendment  Continuation Multiple Years: Year \_\_\_\_ of \_\_\_\_

Legislation Authorizing This Grant Program: Elementary and Secondary Education Act of 1965 (P.L. 89-10)

Federal Grant: CFDA Number Multiple  State Aid Grant: Section Number \_\_\_\_  Other (specify) \_\_\_\_

2. **Grant Criteria Approval:** SBE Approval Date: 2/9/2010 through Life of Grant  
 (select type and add date)

**SBE Priorities, Policies, and Programs that this Grant Supports:**

This grant supports the State Board Strategic Goal by providing assistance through ISD/RESAs to provide technical assistance designed to improve the achievement levels of students in high priority schools so that they can meet the state's academic standards.

<p><b>MDE DISTRIBUTION OF GRANT FUNDS</b></p> <p>3. <b>Background/Purpose of Grant Program:</b></p> <p>The ISD Collaboration Grant will expand the state's compliance with legislative requirements and enhance the capacity at the Intermediate School District level to assist local school districts.</p>	<p><b>Type of MDE Grant Distribution: (check one)</b></p> <p><input checked="" type="checkbox"/> Competitive  <input type="checkbox"/> Formula  <input type="checkbox"/> Other: (specify below)</p>
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<p>4. <b>Eligible Applicants:</b></p> <p>Intermediate school districts in Michigan.</p>	<p><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)</p>
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**Type of Award from MDE: (check all applicable)**

<p>5. <b>Target Population Served by this Grant:</b></p> <p>The programs and services are designed to improve the achievement of students in schools most in need of technical assistance, to provide curricular support for those schools, and to improve the technical programs across the state.</p>	<p><b>Type of Notification from MDE: (check one)</b></p> <p><input checked="" type="checkbox"/> Letter  <input type="checkbox"/> Mail-merge Letter  <input type="checkbox"/> MEGS+  <input type="checkbox"/> Other: (specify below)</p>
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<p>6. <b>Award Information:</b></p> <p>Original Award Date: <u>10/1/2015</u></p> <p>Original Award Amount: <u>\$634,700</u></p>	<p>Amendment Date(s):</p> <p>_____          _____          _____          _____</p>	<p>Amendment Amount(s):</p> <p>\$_____          \$_____          \$_____          \$_____</p>	<p>Total Recommended Award to Date:</p> <p><b><u>\$634,700</u></b></p>
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<p>7. <b>Responsible Office:</b> Education Improvement &amp; Innovation</p>	<p><b>Contact Name</b> Rob Bendall</p>	<p><b>Phone Number</b> 241-2651</p>
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**This Form Was Prepared by:** Rob Bendall **Phone Number:** 241-2651

**Michigan Department of Education  
Office of Education Improvement and Innovation  
2015-16 ISD Collaboration Grant**

Exhibit A

**Applicants Recommended for Funding**

<u><b>Applicant</b></u>	<u><b>Amount Requested</b></u>	<u><b>Amount Recommended</b></u>
Wayne County Regional Educational Service Agency	\$634,700	\$634,700
	<b>Total:</b>	<b>\$634,700</b>