

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: P.A. 84 of 2015, Article VI, Part 1,

Federal Grant: CFDA Number _____ State Aid Grant: Section Number 115 Other (specify) _____

2. **Grant Criteria Approval:** Waiver Approval Date: 6/6/2016 _____
(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.

MDE DISTRIBUTION OF GRANT FUNDS

3. **Background/Purpose of Grant Program:**

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.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)

4. **Eligible Applicants:**

Intermediate school districts in Michigan.

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

Type of Award from MDE: (check all applicable)

5. **Target Population Served by this Grant:**

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.

Type of Notification from MDE: (check one)

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

6. **Award Information:**

Original Award Date:
5/23/2016

Original Award Amount:
\$70,000

Amendment Date(s):

Amendment Amount(s):

\$_____
\$_____
\$_____
\$_____

Total Recommended
Award to Date:

\$70,000

7. **Responsible Office:**

Education Improvement & Innovation

Contact Name

Rob Bendall

Phone Number

241-2651

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>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Wayne County Regional Educational Service Agency	\$70,000	\$70,000
	Total:	\$70,000