

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 Improving Teacher and Principal Quality Grant
(year) (year) (title)

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

Legislation Authorizing This Grant Program: Title II, Part A Elementary and Secondary Education Act of 1965, as amended

Federal Grant: CFDA Number 84.367A State Aid Grant: Section Number ____ Other (specify) ____

2. **Grant Criteria Approval:** SBE Approval Date: 12/6/2011 through Life of Grant
(select type and add date)

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

This grant supports the mission of the SBE and MDE for all students to graduate ready for careers, college, and community by improving the equitable distribution of effective and certified educators, especially in shortage areas and hard to serve areas.

MDE DISTRIBUTION OF GRANT FUNDS

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

The purpose of this grant is to increase the academic achievement of all students by helping schools and districts improve teacher and principal quality as defined by the "Michigan Definition of a Highly Qualified Teacher" in accordance with the criteria provided by the No Child Left Behind Act.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)

4. **Eligible Applicants:**

Eligible applicants include Michigan public schools, public school academies, and intermediate school districts.

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:**

This grant will serve to provide technical assistance to Michigan public schools, public school academies, and intermediate school districts.

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:
\$400,000

Amendment Date(s):

Amendment Amount(s):
\$_____
\$_____
\$_____
\$_____

Total Recommended
Award to Date:

\$400,000

7. **Responsible Office:**

Professional Preparation Svcs.

Contact Name

Krista Ried

Phone Number

373-6791

This Form Was Prepared by: Deborah Jensen

Phone Number: 373-7591

**Michigan Department of Education
Division of Accountability Services
2015-2016 Improving Teacher and Principal Quality Grant**

Exhibit A

Applicant Recommended for Funding

Applicant	Amount Requested	Amount Recommended
Bay-Arenac ISD	400,000	400,000
	Total:	\$ 400,000