

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 Mental Health and Wellness Commission Funding
(year) (year) (title)

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

Legislation Authorizing This Grant Program: Mental Health and Wellness Commission

Federal Grant: CFDA Number ____ State Aid Grant: Section Number ____ Other (specify) Interdepartmental transfer of funds from the Michigan Department of Health and Human Services

2. Grant Criteria Approval: SBE Approval Date: 11/10/15 _____
(select type and add date)

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

The Mental Health and Wellness Commission Funding is consistent with the strategic goal "Reduce health and safety barriers to learning by improving school safety and climate, reducing the number of youth involved in gang-related activity, and increasing high school graduation."

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

The purpose of the Mental Health and Wellness Commission Funding is to develop a model for districts to consider in their efforts to meet the educational and mental health needs of students throughout Michigan.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)

4. Eligible Applicants:

Districts who have demonstrated readiness through previously funded MDE/MDHHS grants (in the last five years) that address school mental health as a component.

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:

The grant supports the students in the school districts that receive the funding.

Type of Notification from MDE: (check one)

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

6. Award Information:

Original Award Date:
1/11/2016

Original Award Amount:
\$235,000

Amendment Date(s):

Amendment Amount(s):

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

Total Recommended Award to Date:

\$235,000

7. Responsible Office:

Office of School Support Services

Contact Name

Kim Kovalchick

Phone Number

517-241-4292

This Form Was Prepared by: Patty Lawless

Phone Number: 517-373-1122

**Michigan Department of Education
Coordinated School Health and Safety Programs**

2015-2016 Mental Health and Wellness Commission Funding

Applicants Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Bendle Public Schools	\$ 80,000	\$ 25,000
Public Schools of Petoskey	\$ 100,000	\$ 105,000
Trenton Public Schools	\$ 100,000	\$ 105,000
Total	\$ 280,000	\$ 235,000

**Michigan Department of Education
Coordinated School Health and Safety Programs**

2015-2016 Mental Health and Wellness Commission Funding

Applicants Not Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>
Bentley Community School District	\$ 46,000
Total	\$ 46,000