

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 Michigan Education Corps
(year) (year) (title)

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

Legislation Authorizing This Grant Program: P.A. 85 of 2015

Federal Grant: CFDA Number ____ State Aid Grant: Section Number 35a(7) Other (specify) ____

2. **Grant Criteria Approval:** SBE Approval Date: 9/8/2015
(select type and add date)

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

This grant supports the SBE's goal for all students to graduate ready for careers, college, and community by ensuring that all students are able to read by grade 3.

MDE DISTRIBUTION OF GRANT FUNDS

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

The Michigan Education Corps (MEC) programming focuses on improving early literacy skills through the provision of trained AmeriCorp volunteers in participating schools. With these grant funds, the Michigan Education Corps will report on the degree the Corps' replication of Michigan Reading Corps Program is demonstrating sufficient efficacy and impact on early literacy.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)
Designated

4. **Eligible Applicants:**

The grantee is designated in legislation: Michigan Education Corps

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:**

Grade K-3 students in Michigan Education Corps participating schools will be the target population of programming.

The senate and house appropriations subcommittees on state school aid, the senate and house fiscal agencies, the senate and house caucus policy offices and Michigan educators will be the target audience for the report on efficacy and impact of the program.

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:
\$1,000,000

Amendment Date(s):

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

Total Recommended
Award to Date:

\$1,000,000

7. **Responsible Office:**

Office of Improvement and Innovation

Contact Name

Michelle Ribant

Phone Number

241-0898

This Form Was Prepared by: Michelle Ribant

Phone Number: 241-0898

**Michigan Department of Education
Office of Education Improvement and Innovation
2015-16 Michigan Education Corps**

Exhibit A

Applicant Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Hope Network West Michigan	\$1,000,000	\$1,000,000
	Total:	\$1,000,000