

## GRANT AWARD APPROVAL FORM

### SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 Project AWARE to Advance Wellness and Resilience in Education  
(year) (year) (title)

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

Legislation Authorizing This Grant Program: Public Health Service Act, 520A

Federal Grant: CFDA Number 93.243  State Aid Grant: Section Number \_\_\_\_  Other (specify) \_\_\_\_

2. Grant Criteria Approval: SBE Approval Date: 12/16/2014 \_\_\_\_\_  
(select type and add date)

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

The grant supports the SBE's mission by building the capacity of Michigan intermediate and local school districts to develop and implement sustainable program activities that increase awareness of mental health issues among school-aged youth and provide mental health professional development for school personnel and other adults that work with youth.

### MDE DISTRIBUTION OF GRANT FUNDS

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

The grant allows MDE to increase awareness of mental health issues among school-aged youth, and provide professional development for school personnel and other adults who interact with school-age youth.

#### Type of MDE Grant Distribution: (check one)

- Competitive  
 Formula  
 Other: (specify below)  
Designated

#### 4. Eligible Applicants:

Eligible applicants are organizations designated in MDE's application to SAMHSA, non-governmental organizations, state/local health departments, school or district entities, or institutes of higher education.

#### 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:

Target populations served are the students in the three designated communities.

#### Type of Notification from MDE: (check one)

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

#### 6. Award Information:

Original Award Date:  
10/15/2015

Original Award Amount:  
\$260,123

Amendment Date(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amendment Amount(s):

\$\_\_\_\_\_  
\$\_\_\_\_\_  
\$\_\_\_\_\_  
\$\_\_\_\_\_

Total Recommended  
Award to Date:

**\$260,123**

#### 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 Project AWARE to Advance Wellness  
And Resilience in Education**

**Applicants Recommended for Funding**

<b><u>Applicant</u></b>	<b><u>Requested Amount</u></b>	<b><u>Recommended Amount</u></b>
<b><u>Component 1</u></b>		
Michigan State University	\$ 137,426	\$ 137,426
Michigan Department of Health and Human Services	\$ 7,270	\$ 7,270
Prevention Network	\$ 50,000	\$ 50,000
<b><u>Component 2</u></b>		
Michigan Department of Health and Human Services	\$ 65,427	\$ 65,427
<b>TOTAL</b>	<b>\$ 260,123</b>	<b>\$ 260,123</b>