

## GRANT AWARD APPROVAL FORM

### SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 Promoting Adolescent Health in Michigan Through School-Based HIV/STD Prevention and School-Based Surveillance  
(year) (year) (title)

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

Legislation Authorizing This Grant Program: Public Health Service Act, Title III, Part B, Section 317

Federal Grant: CFDA Number 93.079  State Aid Grant: Section Number \_\_\_\_  Other (specify) \_\_\_\_

2. Grant Criteria Approval: SBE Approval Date: 2/11/2014 \_\_\_\_\_  
(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 school districts to develop and implement sustainable program activities that reduce HIV and other STDs, and teen pregnancy.

### MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

The grant allows MDE to continue with projects focused on decreasing barriers to learning, building a safe and supportive school environment, and supporting student health and academic achievement.

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

- Competitive  
 Formula  
 Other: (specify below)  
Designated

4. Eligible Applicants:

Eligible applicants are non-governmental organizations, state/local health departments, school district entities, and/or institutes of higher education as designated in MDE's approved grant application to the federal funding agency, the CDC/DASH.

**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 secondary schools within all Michigan school districts and a more intensive focus on 14 partner districts.

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

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

6. Award Information:

Original Award Date:  
11/13/2015

Original Award Amount:  
\$7,500

Amendment Date(s):  
6-13-16

7-12-16

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

Amendment Amount(s):  
\$16,950

\$4,000

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

Total Recommended  
Award to Date:

**\$28,450**

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 Promoting Adolescent Health in Michigan  
Through School-Based HIV/STD Prevention and  
School-Based Surveillance**

**Applicants Recommended for Funding**

<u><b>Applicant</b></u>	<u><b>Previous Amount</b></u>	<u><b>Amended Amount</b></u>	<u><b>Total Recommended Award</b></u>
Michigan Department of Health and Human Services	\$ 7,500		\$ 7,500
Michigan Organization on Sexual Adolescent Sexual Health		\$ 4,000	\$ 4,000
Michigan Primary Care Association	<u>\$ 16,950</u>	<u>                    </u>	<u>\$ 16,950</u>
<b>TOTAL</b>	<u><b>\$ 24,450</b></u>	<u><b>\$ 4,000</b></u>	<u><b>\$ 28,450</b></u>