

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

Amendment Amount(s):
\$16,950

\$ ____
\$ ____
\$ ____

Total Recommended
Award to Date:

\$24,450

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>Applicant</u>	<u>Previous Amount</u>	<u>Amended Amount</u>	<u>Total Recommended Award</u>
Michigan Department of Health and Human Services	\$ 7,500		\$ 7,500
Michigan Primary Care Association		\$ 16,950	\$ <u>16,950</u>
TOTAL	<u>\$ 7,500</u>	<u>\$ 16,950</u>	<u>\$ 24,450</u>