

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 Safe Schools/Healthy Students State Planning, Local Educ. Agencies, & Local Communities
(year) (year) (title)

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

Legislation Authorizing This Grant Program: Public Health Service Act, 42 U.S.C. 290bb

Federal Grant: CFDA Number 93.243 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:

This grant supports the SBE's mission by building the capacity to develop and implement sustainable program activities that reduce substance abuse among students, increase access to behavioral health services, increase support for early childhood development, improve school climate, and reduce student exposure to violence.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

The grant allows MDE to fund projects to empower the local districts to improve their ability and capacity in meeting the mental health, substance use and violence prevention, and early childhood needs of all students.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)
Designated

4. Eligible Applicants:

Initial grants will be awarded to organizations designated in MDE's application to Substance Abuse and Mental Health Services Administration (SAMHSA).

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 population are the students within 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:
10/1/2015

Original Award Amount:
\$1,660,500

Amendment Date(s):

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

Total Recommended
Award to Date:

\$1,660,500

7. Responsible Office:

Office of School Support Services

Contact Name

Kim Kovalchick

Phone Number

14292

This Form Was Prepared by: Patty Lawless

Phone Number: 31122

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

**2015-2016 Safe Schools/Healthy Students State Planning,
Local Education Agencies, and Local Communities**

Applicants Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Education Achievement Authority of Michigan	\$ 553,500	\$ 553,500
Houghton Lake Community Schools	\$ 553,500	\$ 553,500
School District of the City of Saginaw	\$ 553,500	\$ 553,500
Total	\$ 1,660,500	\$ 1,660,500