

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 2015-16 Section 22g District/ISD Consolidation Grant
(year) (year) (title)

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

Legislation Authorizing This Grant Program: PA 85 of 2015 State School Aid (MCL 388.1622g)

Federal Grant: CFDA Number ____ State Aid Grant: Section Number 22g Other (specify) ____

2. Grant Criteria Approval: SBE Approval Date: 10/13/2015 _____
(select type and add date)

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

This grant will be used to support the consolidation or annexation of educational entities, promoting a more effective and efficient statewide school organization plan. This will free up other available educational resources to support all of the State Board of Education priorities, policies, and programs.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

The State Legislature appropriated \$5 million for competitive assistance grants to districts and intermediate districts under Section 22g of the 2015-16 State School Aid Act. The funds are to be used for the reimbursement of transition costs associated with eligible consolidation and annexation projects.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)

4. Eligible Applicants:

Local Educational Agencies, Intermediate School Districts, and Public School Academies.

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:

The target population of this grant includes districts and intermediate districts that are considering or in the process of consolidation or annexation projects.

Type of Notification from MDE: (check one)

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

6. Award Information:

Original Award Date:
2/3/2016

Original Award Amount:
\$4,999,935

Amendment Date(s):

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

Total Recommended
Award to Date:

\$4,999,935

7. Responsible Office:
State Aid & School Finance

Contact Name
Jessica Beagle

241-6435

Phone Number

This Form Was Prepared by: Jessica Beagle
Phone Number: 241-6435

**Michigan Department of Education
Office of State Aid and School Finance
2015-2016 Section 22g District/ISD Consolidation Grant**

Exhibit A

Applicants Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Berrien RESA	647,135	647,135
Marshall Public Schools	6,231,584	4,202,800
South Redford School District	\$ 4,949,761	\$ 150,000
	Total:	\$ 4,999,935