

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 Section 41 Bilingual Grant
(year) (year) (title)

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

Legislation Authorizing This Grant Program: P.A. 94 of ;1979, State School Aid

Federal Grant: CFDA Number ____ State Aid Grant: Section Number 41 Other (specify) ____

2. Grant Criteria Approval: Formula Grant Award Date: 3/4/2015 _____
(select type and add date)

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

This grant supports the State Board of Education's mission for all students to graduate ready for careers, college, and community by providing assistance to Michigan's English learner students.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

Section 41 of the State School Aid Act provides instruction to assist children of limited English-speaking ability to achieve reasonable efficiency in the English language.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)

4. Eligible Applicants:

Local Educational Agencies, Public School Academies, Intermediate School Districts, and consortia of these.

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:

Identified limited English proficient students based on the use of the Home Language Survey, results from WIDA and local/state assessments following the MDE Entrance and Exit Protocol and have not received instruction in a bilingual program for more than 3 years.

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:
\$1,200,000

Amendment Date(s):

Amendment Amount(s):

\$_____
\$_____
\$_____
\$_____

Total Recommended
Award to Date:

\$1,200,000

7. Responsible Office:

Field Services, Special Populations Unit

Contact Name

Shereen Tabrizi

Phone Number

373-6066

This Form Was Prepared by: Tamara Franks

Phone Number: 335-0352

Exhibit A

**Michigan Department of Education
Office of Field Services, Special Populations Unit
Section 41 Bilingual Grant
FY 2015-16 Final Allocations
Agencies Recommended for Funding**

Agency Code	Agency Name	Total Recommended Allocation
82010	Detroit City School District	417,412
41010	Grand Rapids Public Schools	701,647
62050	Grant Public School District	36,706
70020	Holland City School District	18,353
61010	Muskegon, Public Schools of the City of	25,882
STATE TOTAL		\$ 1,200,000