

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2015--2016 Section 55 Conductive Education Evaluation Project
(year) (year) (title)

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

Legislation Authorizing This Grant Program: P.A. 85 of 2015, School Aid, Section 55

Federal Grant: CFDA Number ____ State Aid Grant: Section Number 55 Other (specify) ____

2. **Grant Criteria Approval:** SBE Approval Date: 11/10/2015 through Life of Grant
(select type and add date)

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

This grant supports the State Board of Education's Priority 2 to advocate for and impact policies and legislation that address preK-12 education issues, including but not limited to, educator evaluations, Common Core Standards and Assessments, Michigan science standards, low performing schools, early learning, special education services, schools in deficit, teacher preparation, English as a second language, migrant education, and curriculum. Where possible, the Michigan Department of Education will propose alternatives to current laws that unnecessarily restrict school function, better practices for students, or execution of K-12 best practices. This evaluation will provide information on the efficacy and impact of conductive education on children with cerebral palsy.

MDE DISTRIBUTION OF GRANT FUNDS

3. **Background/Purpose of Grant Program:**

The purpose of this grant is to support the development and implementation of an evaluation of the effectiveness of conductive education for children with cerebral palsy.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)
Legislatively Designated

4. **Eligible Applicants:**

Michigan State University, Department of Epidemiology

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:**

Children with cerebral palsy

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:
\$150,000

Amendment Date(s):

Amendment Amount(s):

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

Total Recommended
Award to Date:

\$150,000

7. **Responsible Office:**

Office of Special Education

Contact Name

John Andrejack

Phone Number

241-1235

This Form Was Prepared by: Scott Slater

Phone Number: 335-1662

**Michigan Department of Education
Office of Special Education
2015-2016
Section 55 Conductive Education Evaluation Project**

Exhibit A

Applicant Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan State University, Department of Epidemiology	150,000	150,000
Total Amount:		\$ 150,000