

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2016--2017 Office of Special Education (OSE) Adolescent Literacy Model Demonstration Projects
(year) (year) (title)

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

Legislation Authorizing This Grant Program: PL 108-446 Pt. D Individuals with Disabilities Education Act

Federal Grant: CFDA Number 84.326M State Aid Grant: Section Number ____ 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 mission of the State Board of Education and the Michigan Department of Education (MDE) that all students graduate ready for careers, college, and community. Students who experience success in both the fundamental components of reading, and also reading within content areas (e.g., science, history, etc.), are likely to do better in school and to graduate. Addressing student reading needs at the middle school level sets the stage for further success in high school and beyond high school.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

The MDE, through Michigan's Integrated Behavior and Learning Support initiative (MiBLSi), will develop a model demonstration for supporting the implementation of evidence-based adolescent literacy practices in four middle schools. This grant will add to state knowledge and ability to support Intermediate School District (ISD) and Local Education Agency (LEA) capacity to provide professional development to K-12 schools within their district.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)
Designated in Application

4. Eligible Applicants:

Macomb ISD

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 is middle school students with disabilities and the adults who support them, including teachers, support services personnel, administrators, and parents.

Type of Notification from MDE: (check one)

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

6. Award Information:

Original Award Date:
10/1/2016

Original Award Amount:
\$12,456

Amendment Date(s):

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

Total Recommended
Award to Date:

\$12,456

7. Responsible Office:

Office of Special Education

Contact Name

John Andrejack

241-4386

Phone Number

This Form Was Prepared by: Scott Kemmer-Slater
Phone Number: 335-1662

Michigan Department of Education
Office of Special Education
2016-2017

Exhibit A

Office of Special Education (OSE) Adolescent Literacy
Model Demonstration Projects

Applicant Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Macomb ISD	12,456	12,456
Total Amount:		\$ 12,456