

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2016--2017 Section 54b Statewide Implementation of Michigan Integrated Behavior and Learning Support Initiative Pilot
(year) (year) (title)

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

Legislation Authorizing This Grant Program: P.A. 249 of 2016, School Aid, Section 54b

Federal Grant: CFDA Number ____ State Aid Grant: Section Number 54b Other (specify) ____

2. Grant Criteria Approval: SBE Approval Date: 9/14/2016
(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. Additionally, Goal 2 of the Top 10 in 10 document states that educators "Implement, with strong district and building leadership, high-quality instruction in every classroom through a highly coherent, child-centered instructional model where students meet their self-determined academic and personal goals to their highest potential." A defined strategy to achieve this involves educators to "Establish and implement with fidelity a high-quality, multi-tiered Positive Behavior Intervention and Support (PBIS) process."

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

The purpose of this grant is to pilot the statewide implementation of the Michigan Integrated Behavior and Learning Support Initiative (MiBSLI) in providing training to at least three intermediate school districts (ISD) and related districts to the safe implementation of emergency restraints and seclusion.

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)
Legislatively Designated

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:

Students and the adults who support them, including teachers, support services personnel, and administrators.

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:

\$1,125,000

Amendment Date(s):

Amendment Amount(s):

\$ _____

\$ _____

\$ _____

\$ _____

Total Recommended
Award to Date:

\$1,125,000

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

Section 54b Statewide Implementation of Michigan
Integrated Behavior and Learning Support Initiative Pilot

Applicant Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Macomb ISD	1,125,000	1,125,000
Total Amount:		\$ 1,125,000