

## GRANT AWARD APPROVAL FORM

### SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2016--2017 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. 249 of 2016, 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:  
10/1/2016

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

John Andrejack

**Phone Number**

241-4386

**Contact Name**

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

**Michigan Department of Education  
Office of Special Education  
2016-2017  
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
<b>Total Amount:</b>		<b>\$ 150,000</b>