

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

2016--2017 State Personnel Development Grant Under the IDEA
(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 84.323A State Aid Grant: Section Number ____ Other (specify) ____

2. Grant Criteria Approval: SBE Approval Date: 11/20/2012 through Life of Grant
(select type and add date)

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

This grant supports the SBE priorities on Improved Student Achievement Through Innovation by providing educators with access to evidence-based practices in a multi-tiered integrated behavior and academic model; and establishing the conditions necessary for educators to implement these practices with fidelity. The educational practices will focus on the use of Positive Behavioral Intervention & Supports, scientifically based reading instruction, and evidence-based math instruction using a multi-tiered system of support (MTSS) within a school-wide model.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

The Office of Special Education has received State Personnel Development Grants from the U.S. Department of Education, Office of Special Education Programs since 1998 for purposes of improving the performance of students with disabilities. This grant will fund further development and implementation of Michigan's Integrated Behavior and Learning Support Initiative (MiBLSi).

Type of MDE Grant Distribution: (check one)

- Competitive
 Formula
 Other: (specify below)

4. Eligible Applicants:

Intermediate school districts, local education agencies, including public school academies

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 elementary and secondary 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:
\$1,386,000

Amendment Date(s):

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

Total Recommended
Award to Date:

\$1,386,000

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
State Personnel Development Grant
Under the IDEA**

Exhibit A

Applicant Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Macomb ISD	1,386,000	1,386,000
Total Amount:		\$ 1,386,000