

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:	Date of SBE Approval of Grant Criteria 10/9/2007																
<p>2007--2008 Fund for the Improvement of Education Grant (year) (year) (title)</p> <p>Type: <input checked="" type="checkbox"/>Initial <input type="checkbox"/>Amendment <input type="checkbox"/>Continuation</p> <p>Legislation Authorizing This Grant Program: PL 107-110 ESEA, as amended by No Child Left Behind</p> <p><input checked="" type="checkbox"/>Federal Grant: CFDA Number <u>84.215M</u> <input type="checkbox"/>State Aid Grant: Section Number _____ <input type="checkbox"/>Other (Private, Foundation)</p>																	
<p>2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):</p> <p>Enhance collaboration between education, health, communities, parents, and other key stakeholders to reduce disparities and promote the health, well-being, and academic achievement of all of Michigan's school-aged youth.</p>																	
<p>3. Background/Purpose of Grant Program: 1) Strengthen the state infrastructure of mental health coordination and linkages through a coordinated school health team model; 2) Enhance and strengthen linkages between local school districts and community-based mental health systems through a coord. school health team to improve services for MI students; and 3) Provide project coordination and public health and mental health expertise to the local CSH teams, through a contracted coordinating organization, under the supervision of the MDE.</p>	<p>Type of Grant Program: (check one)</p> <p><input type="checkbox"/>Competitive <input type="checkbox"/>Formula <input checked="" type="checkbox"/>Other: (specify below) Designated</p>																
<p>4. Target Population to be Served by Grant:</p> <p>Michigan educators, collaborative partner agencies, school-aged youth, and community mental health organizations.</p>																	
<p>5. Eligible Applicants:</p> <p>Designated non-profit organizations that provide programs and services related to school-based health centers.</p>																	
<table style="width:100%; border: none;"> <tr> <td style="width:25%;">6. Award Information:</td> <td style="width:25%;">Amendment Date(s): _____</td> <td style="width:25%;">Amendment Amount(s): \$ _____</td> <td style="width:25%;">Total Recommended Award to Date: <u>\$339,244</u></td> </tr> <tr> <td>Original Award Date: <u>10-1-07</u></td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Original Award Amount: <u>\$339,244</u></td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> </table>		6. Award Information:	Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$339,244</u>	Original Award Date: <u>10-1-07</u>	_____	\$ _____		Original Award Amount: <u>\$339,244</u>	_____	\$ _____			_____	\$ _____	
6. Award Information:	Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$339,244</u>														
Original Award Date: <u>10-1-07</u>	_____	\$ _____															
Original Award Amount: <u>\$339,244</u>	_____	\$ _____															
	_____	\$ _____															
<p>7. Program Office Responsible:</p> <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office</u></th> <th style="text-align: left;"><u>Unit</u></th> <th style="text-align: left;"><u>Contact</u></th> <th style="text-align: left;"><u>Phone</u></th> </tr> </thead> <tbody> <tr> <td>Grants Coord. and School Support</td> <td>Coord. School Health and Safety Programs</td> <td>Kyle Guerrant</td> <td>50565</td> </tr> </tbody> </table>		<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>	Grants Coord. and School Support	Coord. School Health and Safety Programs	Kyle Guerrant	50565								
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>														
Grants Coord. and School Support	Coord. School Health and Safety Programs	Kyle Guerrant	50565														
<p>This Form Was Prepared by: Patty Lawless Phone Number: 31122</p>																	

22 2392

8. OFFICE		
Office Director Approval Signature:	<u>Mary C. Chartrand</u>	Date: <u>12-21-07</u>
Phone: _____	Comments:	
9. GRANTS OFFICE		
Grants Office Approval Signature:	<u>Mary C. Chartrand</u>	Date: <u>12-21-07</u>
Comments:		
<input type="checkbox"/> Exhibit A Not Required	<input checked="" type="checkbox"/> Exhibit B Not Required	
10. DEPUTY SUPERINTENDENT		
Deputy Superintendent Approval Signature:	<u>Carol Z. Wolensky</u>	Date: <u>1-3-08</u>
Comments:		
11. SUPERINTENDENT		
Superintendent Approval Signature:	<u>[Signature]</u>	Date: <u>1-4-08</u>
Comments:		

INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 9-11.
- B. **Attach three (3) sets of Exhibits A and B (one original and 2 copies).** Do not staple the pink form nor the originals of Exhibits A and B.
 - Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested and the amount Recommended to be funded.
 - Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grants Administration and Coordination Unit.

Note: This process takes, on average, two weeks from the time the packet with the Office Director's signature on it is delivered to the Grants Office, until the time the fully signed packet is routed to the person administering the grant program. This time varies depending upon the number of corrections that are necessary and the availability of all of the signers. It can take longer particularly around holiday times when the signers may be out of the office. Proofread and plan accordingly.

**2007-2008 Fund for the Improvement of Education Grant
Funding for FY 2008**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
School-Community Health Alliance	\$ 215,756	\$ 215,756
Michigan Primary Care Association	<u>\$ 123,488</u>	<u>\$ 123,488</u>
<u>TOTAL</u>	\$ 339,244	\$ 339,244