

Direct questions regarding this form to 3-1806.

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:		Date of SBE Approval of Grant Criteria 3/13/2007	
2007-2008 (year) (year)		Individuals with Disabilities Education Act (IDEA) Mandated Activities Project (title)	
Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation			
Legislation Authorizing This Grant Program: P.L. 105-17 Individuals with Disabilities Education Act			
<input checked="" type="checkbox"/> Federal Grant: CFDA Number 84.181A & 84.027A <input type="checkbox"/> State Aid Grant: Section Number _____ <input type="checkbox"/> Other (Private, Foundation)			
2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):			
Early childhood programs put children on the path to academic success and meeting the high school graduation requirements. Policies supported include the Policy Framework for Special Education, creating effective learning environments and family involvement.			
3. Background/Purpose of Grant Program: To provide assistance and support to the Office of Early Childhood Education and Family Services and the Office of Special Education and Early Intervention Services in conducting the regulatory activities required under IDEA, personnel development and technical assistance.		Type of Grant Program: (check one)	
		<input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)	
4. Target Population to be Served by Grant:			
Service providers, ISDs and children who have a disability and their families.			
5. Eligible Applicants:			
Eligible applicants include agencies, organizations, or institutions that can demonstrate previous experience in personnel training, technical assistance, and/or working with faculty in higher education institutions.			
6. Award Information:			
Original Award Date:	Amendment Date(s):	Amendment Amount(s):	Total Recommended Award to Date:
7/1/07	4/28/08	\$60,000	\$785,000
Original Award Amount: \$725,000	_____	\$ _____	
	_____	\$ _____	
	_____	\$ _____	
7. Program Office Responsible:			
Office	Unit	Contact	Phone
Office of Early Childhood Education & Family Services	Infant/Toddler and Family Services	Vanessa Winborne	517-335-4865
This Form Was Prepared by: Cheryl Najm		Phone Number: 517-335-1580	

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8. OFFICE

Office Director Approval Signature: Judy Buech Date: 4-16-2008
 Phone: 13592 Comments:

9. GRANTS OFFICE

Grants Office Approval Signature: Mary Ann Chastel Date: 4-18-2008
 Comments:

 Exhibit A Not Required

 Exhibit B Not Required
10. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: Sally Vaup Date: 4-24-08
 Comments:

11. SUPERINTENDENT

Superintendent Approval Signature: MW Date: 4-25-08
 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.

Michigan Department of Education
 2007-2008 Mandated Activities under the
 Individuals with Disabilities Education Act (IDEA 2004)

Comprehensive System of Personnel Development (CSPD)

	<u>Previous Award</u>	<u>Amended Amount</u>	<u>Total Recommended Amount</u>
Clinton County RESA	\$725,000	\$60,000	\$785,000
		Total	\$785,000