

Direct questions regarding this form to 3-1806.

# GRANT AWARD APPROVAL FORM

<b>1. OFFICIAL NAME OF GRANT PROGRAM:</b>	Date of SBE Approval of Grant Criteria <b>10/11/2005</b>									
<u>2008--2009</u> <u>Mandated Activities Project, Preschool Outcomes Measurement Grant</u> (year) (year)      (title)										
Type: <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Continuation										
<u>Legislation Authorizing This Grant Program:</u> P.L. 105-17 Individuals with Disabilities Education Act (IDEA)										
<input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.173A</u> <input type="checkbox"/> State Aid Grant: Section Number _____ <input type="checkbox"/> Other (Private, Foundation)										
<b>2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):</b>  Early childhood programs put students on the path to academic success and meeting the high school graduation requirements. This grant will assist the Michigan Department of Education in meeting the federal requirements of the State Performance Plan, Indicator 7 as required by the reauthorization of IDEA.										
<b>3. Background/Purpose of Grant Program:</b> The grant will assist the Michigan Department of Education to collect newly-required outcome indicator data for children eligible for Part B of the Individuals with Disabilities Education Improvement Act, Section 619. This grant will help to align assessment tools to MI summary form, develop a data collection method, pilot the data collection, and train the early childhood special education field to measure and report outcome data.	<b>Type of Grant Program: (check one)</b> <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)									
<b>4. Target Population to be Served by Grant:</b>  Preschool Special Education Children aged 3-5.										
<b>5. Eligible Applicants:</b>  High/Scope Educational Research Foundation										
<b>6. Award Information:</b> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Amendment Date(s):</td> <td style="width:25%;">Amendment Amount(s):</td> <td style="width:50%;">Total Recommended Award to Date: <u>\$360,000</u></td> </tr> <tr> <td>Original Award Date: <u>10/1/2008</u></td> <td></td> <td></td> </tr> <tr> <td>Original Award Amount: <u>\$360,000</u></td> <td></td> <td></td> </tr> </table>		Amendment Date(s):	Amendment Amount(s):	Total Recommended Award to Date: <u>\$360,000</u>	Original Award Date: <u>10/1/2008</u>			Original Award Amount: <u>\$360,000</u>		
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<b>7. Program Office Responsible:</b> <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><u>Office</u></td> <td style="width:25%;"><u>Unit</u></td> <td style="width:25%;"><u>Contact</u></td> <td style="width:25%;"><u>Phone</u></td> </tr> <tr> <td>ECE&amp;FS</td> <td>Preschool and Early Elementary Programs</td> <td>Noel Cole</td> <td>517/241-6354</td> </tr> </table>		<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>	ECE&FS	Preschool and Early Elementary Programs	Noel Cole	517/241-6354	
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ECE&FS	Preschool and Early Elementary Programs	Noel Cole	517/241-6354							
<b>This Form Was Prepared by:</b> Gary Schafer      Phone Number: 5-2875										

**RECEIVED**

JAN 09 2009

DEPUTY SUPERINTENDENT  
CHIEF SCHOOL OFFICER

15957

<b>8. OFFICE</b>		
Office Director Approval Signature: <u>Sindy Beech</u>		Date: <u>1-23-08</u>
Phone: <u>13592</u>	Comments:	
<b>9. GRANTS OFFICE</b>		
Grants Office Approval Signature: <u>Mary Ann Chantel</u>		Date: <u>1-9-09</u>
Comments:		
<input type="checkbox"/> Exhibit A Not Required	<input checked="" type="checkbox"/> Exhibit B Not Required	
<b>10. DEPUTY SUPERINTENDENT</b>		
Deputy Superintendent Approval Signature: <u>Jolly Vaughn</u>		Date: <u>1-11-09</u>
Comments:		
<b>11. SUPERINTENDENT</b>		
Superintendent Approval Signature: <u>Mike</u>		Date: <u>1-12-09</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.

2008-2009 Mandated Activities Project  
Preschool Outcomes Measurement Grant  
Applicants Recommended for Funding

Exhibit A

**Applicant**

**Amount  
Requested**

**Amount  
Recommended**

High/Scope Educational Research Foundation  
600 North River Street  
Ypsilanti, MI 48198-2898

\$360,000

\$360,000