

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 N/A |
|------------------------------------|--|

2006--2007      Title III, English Language Acquisition Program - Final  
 (years) (years)      (title)

Type:  Initial     Amendment     Continuation

Legislation Authorizing This Grant Program: No Child Left Behind Act of 2001 - Title III, Part A, Section 3001

Federal Grant: CFDA Number 84.318X       State Grant       Other (Private, Foundation)

2. Purpose of Grant Program: To ensure that limited English proficient students attain English proficiency and meet State of Michigan standards. To develop high-quality language instruction programs to assist local educational agencies in teaching limited English proficient children and to promote parental and community participation in language instruction educational programs for the parents and communities of English proficient children.

Type of Grant Program: (check one)

Competitive  
 Formula  
 Other: (specify below)

3. SBE Priorities and Policies That This Grant Program Supports: (check all that apply)

|   |  |   |
|---|--|---|
| <u>Priorities</u>   | <u>Policies</u>  | <input type="checkbox"/> Other: (specify below) |
| <input checked="" type="checkbox"/> Integrating Communities and Schools | <input type="checkbox"/> Bullying  |   |
| <input type="checkbox"/> Elevating Educational Leadership               | <input type="checkbox"/> Character Education                                 |   |
| <input type="checkbox"/> Embracing the Information Age                  | <input checked="" type="checkbox"/> Creating Effective Learning Environments |   |
| <input checked="" type="checkbox"/> Ensuring Early Childhood Literacy   | <input checked="" type="checkbox"/> Family Involvement                       |   |
| <input checked="" type="checkbox"/> Ensuring Excellent Educators        | <input type="checkbox"/> Safe Schools  |   |

4. Grant Categories (if not described in Item 2):  NOT APPLICABLE

5. Target Population to be Served by Grant:  
 Limited English proficient students enrolled in elementary and secondary schools.

6. Total Funds Awarded:

|                       |                              |                      |
|-----------------------|------------------------------|----------------------|
| Original: \$7,802,689 | Current Recommended: \$9,111 | Revised: \$7,811,800 |
|-----------------------|------------------------------|----------------------|

7. Eligible Applicants:  
 Local Educational Agencies, Public School Academies, Intermediate School Districts and consortia of these.

8. Description of Priorities Given to Any Specific Population or Location:  NOT APPLICABLE

Limited English Proficient students enrolled in elementary and secondary schools ages 3-21, who have difficulty in speaking, reading, writing or understanding the English language causing them to score below the proficient level on State assessments.

9. Grant Administration:

| Office             | Unit                  | Contact       | Phone |
|--------------------|-----------------------|---------------|-------|
| School Improvement | Academic Support Unit | Linda Forward | 38480 |

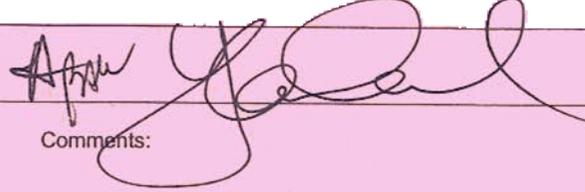
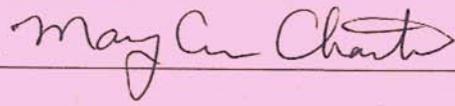
Prepared by: Jayne Klein      5/3/07      Phone Number: 34006

**RECEIVED**

MAY 11 2007

DEPUTY SUPERINTENDENT  
CHIEF ACADEMIC OFFICER

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2073  
13955

|  |  |  |
|--|--|--|
| <b>10. OFFICE</b>  |  |  |
| Office Director Approval Signature: <u></u>        | Date: <u>5/7/07</u>  |  |
| Phone: <u>24-3147</u>  | Comments:  |  |
| <b>11. GRANTS OFFICE</b>   |  |  |
| Grants Office Approval Signature: <u></u>         | Date: <u>5-10-07</u>                                       |  |
| Comments:  |  |  |
| <input type="checkbox"/> Exhibit A Not Required  | <input checked="" type="checkbox"/> Exhibit B Not Required | <input checked="" type="checkbox"/> Exhibit C Not Required |
| <b>12. DEPUTY SUPERINTENDENT</b>   |  |  |
| Deputy Superintendent Approval Signature: <u></u> | Date: <u>5-14-07</u>                                       |  |
| Comments:  |  |  |
| <b>13. SUPERINTENDENT</b>  |  |  |
| Superintendent Approval Signature: <u></u>        | Date: <u>5-15-07</u>                                       |  |
| Comments:  |  |  |

### INSTRUCTIONS

- A. Complete items 1-10 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
  - Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
  - Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
  - Exhibit C---Map of Michigan indicating the location of recommended applicants. Link to: <http://mdeintranet/inside/off/grants/grants.htm> for sample maps.
- 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.

