

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:	Date of SBE Approval of Grant Criteria September 12, 2006
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2006-2007 Local Wellness Policy Implementation Grant
(years) (years) (title)

Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program:

Federal Grant: CFDA Number 10.555 State Grant Other (Private, Foundation)

2. Purpose of Grant Program: These grants will support student local wellness policy advocacy. MDE will fund four high school student local wellness policy implementation teams (\$500/team) to create a road map for future Michigan students to follow when implementing district local wellness policies. The overall goal of this grant is to learn what role students can play in implementing district local wellness policies.

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)

Priorities

- Integrating Communities and Schools
- Elevating Educational Leadership
- Embracing the Information Age
- Ensuring Early Childhood Literacy
- Ensuring Excellent Educators

Policies

- Bullying
- Character Education
- Creating Effective Learning Environments
- Family Involvement
- Safe Schools

Other: (specify below)

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

5. Target Population to be Served by Grant:

Michigan educators, collaborative partner agencies, and school aged youth.

6. Total Funds Awarded:

\$2,000

7. Eligible Applicants:

Public schools, public school academies, and non-public schools operating a school meals program.

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

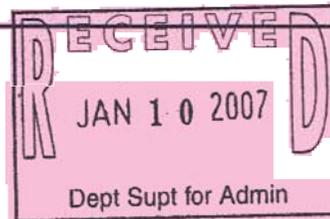
Diverse income, racial, ethnic, and geographical representation of secondary schools.

9. Grant Administration:

Office	Unit	Contact	Phone
Grants Coordination and School Support	Coord. School Health & Safety Programs	Kyle Guerrant	50565

Prepared by: Nick Drzal

Phone Number: 51730



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11950

10. OFFICE

Office Director Approval Signature:

Mary Ann Charney

Date:

1/10/07

Phone: _____

Comments:

11. GRANTS OFFICE

Grants Office Approval Signature:

Mary Ann Charney

Date:

1/10/07

Comments:

Exhibit A Not Required

Exhibit B Not Required

Exhibit C Not Required

12. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature:

Carol Wolensky

Date:

1-11-07

Comments:

13. SUPERINTENDENT

Superintendent Approval Signature:

[Signature]

Date:

1-12-07

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.



Exhibit A

Local Wellness Policy Implementation Grant

<u>Districts Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Awarded</u>
Brighton Area Schools	\$500	\$500
Portland Public School District	\$500	
Rudyard Area Schools	\$500	
Suttons Bay Public Schools	\$500	
Total Amount Requested	\$2,000	Total \$2,000