

GRANT AWARD APPROVAL FORM

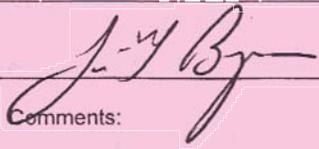
1. OFFICIAL NAME OF GRANT PROGRAM:		Date of SBE Approval of Grant Criteria 6-8-04	
2007--2008 (years) (years)		Special Projects Grants Under Centers for Disease Control and Prevention (title)	
Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation			
Legislation Authorizing This Grant Program:			
<input checked="" type="checkbox"/> Federal Grant: CFDA Number 93.938		<input type="checkbox"/> State Grant <input type="checkbox"/> Other (Private, Foundation)	
2. Purpose of Grant Program: Special project grants will be disseminated to assist in coordination and support to improve the health, well-being, and educational achievement of Michigan youth through the coordination of health programs.		Type of Grant Program: (check one) <input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Designated	
3. SBE Priorities and Policies That This Grant Program Supports: (check all that apply)			
<u>Priorities</u>		<u>Policies</u>	
<input checked="" type="checkbox"/> Integrating Communities and Schools		<input type="checkbox"/> Bullying	
<input checked="" 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 type="checkbox"/> Ensuring Early Childhood Literacy		<input checked="" type="checkbox"/> Family Involvement	
<input checked="" type="checkbox"/> Ensuring Excellent Educators		<input type="checkbox"/> Safe Schools	
<input type="checkbox"/> Other: (specify below)			
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE			
5. Target Population to be Served by Grant: Michigan educators, collaborative partner agencies, and school-aged youth.			
6. Total Funds Awarded: Original awards: \$19,943			
7. Eligible Applicants: Designated state agency and non-profit organizations that provide programs and services in school health.			
8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE			
9. Grant Administration:			
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Grants Coordination and School Support	Coord. School Health & Safety Programs	Kyle Guerrant	50565
Prepared by: Patty Lawless		Phone Number: 31122	

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13090

RECEIVED
JUL 03 2007
Dept Supt for Admin

10. OFFICE

Office Director Approval Signature: _____

 FIA MCL

Date: _____

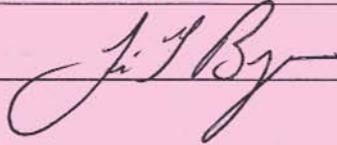
6/29/2007

Phone: 5-3672

Comments: _____

11. GRANTS OFFICE

Grants Office Approval Signature: _____



Date: _____

6/29/2007

Comments: _____

 Exhibit A Not Required Exhibit B Not Required Exhibit C Not Required**12. DEPUTY SUPERINTENDENT**

Deputy Superintendent Approval Signature: _____



Date: _____

7-9-07

Comments: _____

13. SUPERINTENDENT

Superintendent Approval Signature: _____



Date: _____

7-13-07

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.

**2007-2008 Special Projects Grants
Under Centers for Disease Control and Prevention
Funding for FY 2008**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan Public Health Institute	\$ 19,943	\$ 19,943
<u>TOTAL</u>	\$ 19,943	\$ 19,943