

Direct questions regarding this form to 3-1806.

# GRANT AWARD APPROVAL FORM

<b>1. OFFICIAL NAME OF GRANT PROGRAM:</b>  <u>2007--2008</u> <u>My Dream Explorer Grant</u> (year) (year)      (title)  Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Continuation  <u>Legislation Authorizing This Grant Program:</u> Section 98(7) of PA 137 of 2007  <input type="checkbox"/> Federal Grant: CFDA Number _____ <input checked="" type="checkbox"/> State Aid Grant: Section Number <u>98(7)</u> <input type="checkbox"/> Other (Private, Foundation)	Date of SBE Approval of Grant Criteria <u>9/12/2006</u>												
<b>2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):</b>  This grant program advances the State Board of Education's Strategic Priorities of (1) continuing to advocate and promote school reform; (2) continuing to work on solidifying the relationship between and among the State Board of Education, Michigan Department of Education, and Intermediate School Districts; (3) encouraging family involvement in the education of students; and (4) developing a highly skilled 21 <sup>st</sup> century workforce.													
<b>3. Background/Purpose of Grant Program:</b> To secure a statewide license for "My Dream Explorer" to provide access to high quality media rich career development resources for all Michigan elementary, middle, and high school buildings and students at no cost beginning in October 2007.													
<b>4. Target Population to be Served by Grant:</b> Elementary, middle, and high school students.													
<b>5. Eligible Applicants:</b> ISDs in partnership with Michigan Virtual University.													
<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>\$500,000</u></td> </tr> <tr> <td>Original Award Date:    <u>10/01/07</u></td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td>Original Award Amount: <u>\$500,000</u></td> <td>_____</td> <td>\$ _____</td> </tr> <tr> <td></td> <td>_____</td> <td>\$ _____</td> </tr> </table>		Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$500,000</u>	Original Award Date: <u>10/01/07</u>	_____	\$ _____	Original Award Amount: <u>\$500,000</u>	_____	\$ _____		_____	\$ _____
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	_____	\$ _____											
<b>7. Program Office Responsible:</b> <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><u>Office</u></td> <td style="width:33%;"><u>Unit</u></td> <td style="width:33%;"><u>Contact</u></td> <td style="width:15%;"><u>Phone</u></td> </tr> <tr> <td>Educational Technology &amp; Data Coord.</td> <td></td> <td>Bruce Umpstead</td> <td>52957</td> </tr> </table>		<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>	Educational Technology & Data Coord.		Bruce Umpstead	52957				
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Educational Technology & Data Coord.		Bruce Umpstead	52957										
<b>This Form Was Prepared by:</b> Wanda Shunk <b>Phone Number:</b> 13629													

15260 2619

**RECEIVED**

**JUN 20 2008**

DEPUTY SUPERINTENDENT  
CHIEF ACADEMIC OFFICER

8. OFFICE

Office Director Approval Signature: \_\_\_\_\_

*[Handwritten Signature]*

Date: \_\_\_\_\_

*6/17/08*

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

9. GRANTS OFFICE

Grants Office Approval Signature: \_\_\_\_\_

*Mary Ann Chartrand*

Date: \_\_\_\_\_

*6/20/08*

Comments: \_\_\_\_\_

Exhibit A Not Required

Exhibit B Not Required

10. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: \_\_\_\_\_

*Sally Vaughn*

Date: \_\_\_\_\_

*6-23-08*

Comments: \_\_\_\_\_

11. SUPERINTENDENT

Superintendent Approval Signature: \_\_\_\_\_

*Mike*

Date: \_\_\_\_\_

*6-27-08*

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.

**2007-2008 My Dream Explorer Grant  
Section 98(7) of Public Act 137 of 2007**

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Branch ISD	\$500,000	\$500,000
		TOTAL: \$500,000