

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
September 12, 2006

2006--2007 Local Wellness Policy Implementation Grant
(years) (years) (title)

Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program:

Federal Grant: CFDA Number 93.938 State Grant Other (Private, Foundation)

2. Purpose of Grant Program: These grants will support student local wellness policy advocacy. MDE will fund 11 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)

<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 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 type="checkbox"/> Ensuring Excellent Educators	<input type="checkbox"/> Safe Schools	

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

Target Population to be Served by Grant:

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

6. Total Funds Awarded:

\$5,500

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

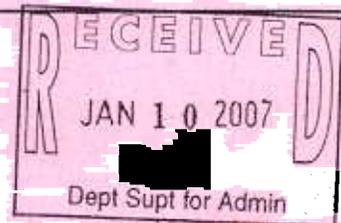
Diverse income, racial, ethnic, and geographical representation of secondary schools.

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

1951



1951

10. OFFICE		
Office Director Approval Signature:	<i>Mary L. Chantel</i>	Date: <u>1/10/07</u>
Phone: _____	Comments:	
11. GRANTS OFFICE		
Grants Office Approval Signature:	<i>Mary L. Chantel</i>	Date: <u>1/10/07</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
12. DEPUTY SUPERINTENDENT		
Deputy Superintendent Approval Signature:	<i>Carol W. Wolenberg</i>	Date: <u>1-11-07</u>
Comments:		
13. SUPERINTENDENT		
Superintendent Approval Signature:		Date: <u>1-12-07</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.

Exhibit A

Local Wellness Policy Implementation Grant

<u>Districts Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Awarded</u>
Adrian City School District	\$500	
Britton-Macon Area School District	\$500	
Clarenceville School District	\$500	
Crestwood School District	\$500	
Fruitport Community Schools	\$500	
Howell Public Schools	\$500	
Manistique Area Schools	\$500	
Olivet Community Schools	\$500	
Republic- Michigamme Schools	\$500	
Saugatuck Public Schools	\$500	
Southgate Community Schools	\$500	
Total Amount Requested	\$5,500	Total \$5,500