

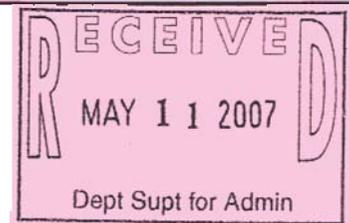
Direct questions regarding this form to 3-1806.

# GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:		Date of SBE Approval of Grant Criteria 6-8-04
2007--2008 Special Projects Grants Under Centers for Disease Control and Prevention (years) (years) (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> <input checked="" type="checkbox"/> Integrating Communities and Schools <input checked="" type="checkbox"/> Elevating Educational Leadership <input type="checkbox"/> Embracing the Information Age <input type="checkbox"/> Ensuring Early Childhood Literacy <input checked="" type="checkbox"/> Ensuring Excellent Educators	<u>Policies</u> <input type="checkbox"/> Bullying <input type="checkbox"/> Character Education <input checked="" type="checkbox"/> Creating Effective Learning Environments <input checked="" type="checkbox"/> Family Involvement <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: \$100,000		
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> Grants Coordination and School Support	<u>Unit</u> Coord. School Health & Safety Programs	<u>Contact</u> Kyle Guerrant <u>Phone</u> 50565
Prepared by: Patty Lawless		Phone Number: 31122

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**10. OFFICE**

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

*Mary C. Chute*

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

*5-10-07*

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

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

**11. GRANTS OFFICE**

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

*Mary C. Chute*

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

*5-10-07*

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

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

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

*Carol Z. Wolanberg*

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

*5-15-07*

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

**13. SUPERINTENDENT**

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

*[Signature]*

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

*5-17-07*

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**

<b><u>Applicant Recommended for Funding</u></b>	<b><u>Amount Requested</u></b>	<b><u>Amount Recommended</u></b>
Michigan Department of Community Health	<u>\$100,000</u>	<u>\$100,000</u>
<b><u>TOTAL</u></b>	<b>\$100,000</b>	<b>\$100,000</b>