

Direct questions regarding this form to 3-1806.

GRANT AWARD APPROVAL FORM

| | | | |
|--|---|---|-----------------------|
| 1. OFFICIAL NAME OF GRANT PROGRAM: 2005--2006 <u>Title II Teacher Quality Statewide Activities</u> (years) (years) (title) | Date of SBE Approval of Grant Criteria <div style="text-align: right; font-size: 1.2em;">7-24-03</div> | | |
| Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> Continuation | | | |
| <u>Legislation Authorizing This Grant Program:</u> <input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.367A</u> <input type="checkbox"/> State Grant <input type="checkbox"/> Other (Private, Foundation) | | | |
| 2. Purpose of Grant Program: To support statewide activities for high priority schools, and to provide all teachers with professional development and instructional models that address Content Expectations Course Credit Requirements, specifically focusing on secondary education. | Type of Grant Program: (check one) <input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) | | |
| 3. SBE Priorities and Policies That This Grant Program Supports: (check all that apply) | | | |
| <u>Priorities</u> <input type="checkbox"/> Integrating Communities and Schools <input 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 type="checkbox"/> Creating Effective Learning Environments <input 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: Teachers and principals with the emphasis on those in high priority schools. | | | |
| 6. Total Funds Awarded: Previous Award - \$515,000 Recommended Increase - \$101,000 | | | |
| 7. Eligible Applicants: Eligible applicants will have a history of coordinating activities for high priority schools. | | | |
| 8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE | | | |
| 9. Grant Administration: | | | |
| <u>Office</u> Office of School Improvement | <u>Unit</u> Director's Office | <u>Contact</u> Dr. Yvonne Caamal Canul | <u>Phone</u> 13147 |
| Prepared by: Catherine McClain | | Phone Number: 14285 | |

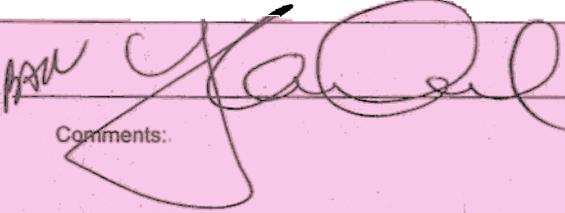
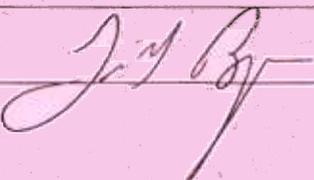
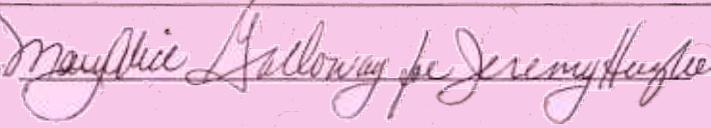
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RECEIVED

OCT 16 2006

DEPUTY SUPERINTENDENT
CHIEF ACADEMIC OFFICER

| | |
|---|--|
| 10. OFFICE | |
| Office Director Approval Signature: <u></u> | Date: <u>10/6/06</u> |
| Phone: _____ | Comments: _____ |
| 11. GRANTS OFFICE | |
| Grants Office Approval Signature: <u></u> | Date: <u>10/19/06</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: <u></u> | Date: <u>10/17/06</u> |
| Comments: _____ | |
| 13. SUPERINTENDENT | |
| Superintendent Approval Signature: <u></u> | Date: <u>10-19-06</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.**

**2005-2006 Title II Teacher Quality Statewide Activities
Funding for FY 2007**

| <u>Applicant Recommended for Funding</u> | <u>Amount Requested</u> | <u>Amount Recommended</u> |
|--|-------------------------|---------------------------|
| St. Clair Regional Ed Service Agency | \$101,000 | \$101,000 |