

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 8/12/2008
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2008--2009 Individuals with Disabilities Education Act, Part B Formula Grants
 (year) (year) (title)

Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program: P.L. 108-446 Individuals with Disabilities Education Act (IDEA 2004)

Federal Grant: CFDA Number 84.027A State Aid Grant: Section Number _____ Other (Private, Foundation)

2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):

This grant supports the SBE Priorities and the requirements under IDEA, specifically as they relate to improving student performance.

3. Background/Purpose of Grant Program: This grant provides funding for instructional programs, services, and materials to students with disabilities who are 3 through 21 years of age.

Type of Grant Program: (check one)

Competitive
 Formula
 Other: (specify below)

4. Target Population to be Served by Grant:

Students with disabilities

5. Eligible Applicants:

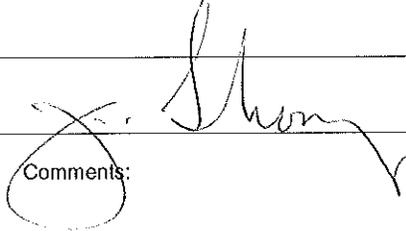
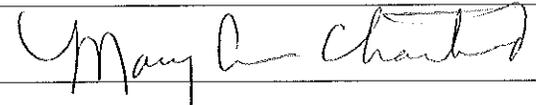
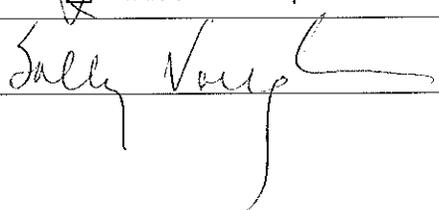
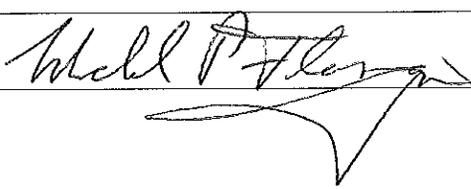
The grantee currently holding the award.

6. Award Information:	Amendment Date(s): <u>5/24/10</u>	Amendment Amount(s): <u>\$30,000</u>	Total Recommended Award to Date:
Original Award Date:	_____	\$ _____	<u>\$345,244,828</u>
Original Award Amount:	_____	\$ _____	
<u>\$345,214,828</u>	_____	\$ _____	

7. Program Office Responsible:			
Office	Unit	Contact	Phone
OSE/EIS	Program Finance	John Andrejack	14386

This Form Was Prepared by: Beth Horne **RECEIVED** Phone Number: 32949

MAY 18 2010

8. OFFICE	Office Director Approval Signature: <u></u>	Date: <u>5.11.10</u>
	Phone: <u>5-0455</u>	Comments: _____
9. GRANTS OFFICE	Grants Office Approval Signature: <u></u>	Date: <u>5/18/10</u>
	Comments: _____	
	<input type="checkbox"/> Exhibit A Not Required <input checked="" type="checkbox"/> Exhibit B Not Required	
10. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u></u>	Date: <u>5-20-10</u>
	Comments: _____	
11. SUPERINTENDENT	Superintendent Approval Signature: <u></u>	Date: <u>5.21.10</u>
	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.

**ALLOCATION LIST - IDEA, Part B
F.Y. 2009**

<u>Recipient</u>	<u>090450 Flowthrough Previous Allocation</u>	<u>Amended Amount</u>	<u>090450 Flowthrough Total Recommended Allocation</u>
Macomb ISD	\$26,835,905	\$30,000	\$26,865,905