

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 <b>9/9/2008</b> |
|------------------------------------|--|

2009--2010      Statewide System of Support Evaluation Grant  
(year) (year)      (title)

Type:  Initial     Amendment     Continuation

Legislation Authorizing This Grant Program: Section 1117 of the federal NCLB Act of 2001

Federal Grant: CFDA Number 84.010A       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.):**

Implementing the "darkening of the dotted lines" partnership between the Michigan Department of Education and the intermediate school districts.

**3. Background/Purpose of Grant Program:** To evaluate the implementation of Michigan's Statewide System of Support programs.

**Type of Grant Program: (check one)**

- Competitive
- Formula
- Other: (specify below)

**4. Target Population to be Served by Grant:**

Local school districts and intermediate school districts receiving Title I funds.

**5. Eligible Applicants:**

Any organization, college of education or other entity, which has successfully demonstrated experience in external program evaluations of large-scale state and federal programs.

**6. Award Information:**

|   |                               |   |
|---|-------------------------------|---|
| Amendment Date(s): _____                | Amendment Amount(s): \$ _____ | Total Recommended Award to Date: <u>\$320,000</u> |
| Original Award Date: <u>12-16-09</u>    | _____                         | \$ _____  |
| Original Award Amount: <u>\$320,000</u> | _____                         | \$ _____  |
|   | _____                         | \$ _____  |

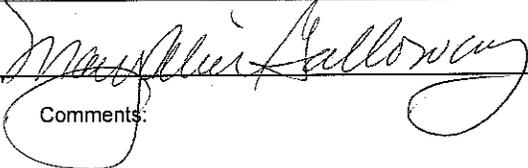
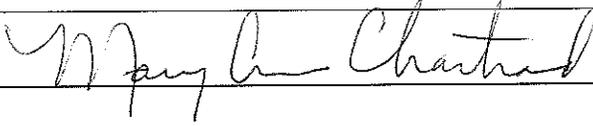
**7. Program Office Responsible:**

|                                      |             |                    |              |
|--------------------------------------|-------------|--------------------|--------------|
| <u>Office</u>                        | <u>Unit</u> | <u>Contact</u>     | <u>Phone</u> |
| Education Improvement and Innovation |             | MaryAlice Galloway | 13147        |

This Form Was Prepared by: Becky Pennington      Phone Number: 50909

**RECEIVED**

FEB 18 2010

|                                  |   |                      |
|----------------------------------|---|----------------------|
| <b>8. OFFICE</b>                 | Office Director Approval Signature: <u></u>        | Date: <u>2/11/10</u> |
|                                  | Phone: _____  | Comments: _____      |
| <b>9. GRANTS OFFICE</b>          | Grants Office Approval Signature: <u></u>         | Date: <u>2/18/10</u> |
|                                  | Comments: _____   |                      |
|                                  | <input type="checkbox"/> Exhibit A Not Required <input checked="" type="checkbox"/> Exhibit B Not Required                          |                      |
| <b>10. DEPUTY SUPERINTENDENT</b> | Deputy Superintendent Approval Signature: <u></u> | Date: <u>2-18-10</u> |
|                                  | Comments: _____   |                      |
| <b>11. SUPERINTENDENT</b>        | Superintendent Approval Signature: <u></u>         | Date: <u>2/19/10</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.

**Michigan Department of Education**  
**Office of Education Improvement and Innovation**  
**2009-2010 Statewide System of Support Evaluation Grant**

Exhibit A

| <u>Applicant</u>                 | <u>Total<br/>Requested</u> | <u>Total<br/>Recommended<br/>Award</u> |
|----------------------------------|----------------------------|--|
| American Institutes for Research | \$320,000                  | \$320,000                              |
|                                  |                            | <b>Total</b>                           |
|                                  |                            | <b>\$320,000</b>                       |