

GRANT AWARD APPROVAL FORM

Date of SBE Approval of Grant Criteria 8/12/2008

1. OFFICIAL NAME OF GRANT PROGRAM:

2009--2010 IDEA, Part B Mandated Activities Projects
(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 by providing information dissemination, training, and technical assistance as well as personnel development for improvement of instruction for students with disabilities.

3. Background/Purpose of Grant Program: To provide assistance and support to the Office of Special Education and Early Intervention Services in conducting the regulatory and administrative activities required under IDEA 2004.

Type of Grant Program: (check one)

- Competitive
- Formula
- Other: (specify below)

4. Target Population to be Served by Grant:

Infants and toddlers, students with disabilities, and their families

5. Eligible Applicants:

The grantee currently holding the award

6. Award Information:

Original Award Date:	Amendment Date(s):	Amendment Amount(s):	Total Recommended Award to Date:
<u>10/01/09</u>	<u>07/06/2010</u>	<u>\$350,000</u>	<u>\$17,300,000</u>
Original Award Amount:	_____	\$ _____	
<u>\$16,950,000</u>	_____	\$ _____	
		\$ _____	

7. Program Office Responsible:

<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
OSE/EIS	Program Finance	John Andrejack	14386

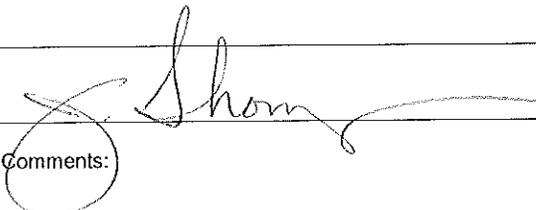
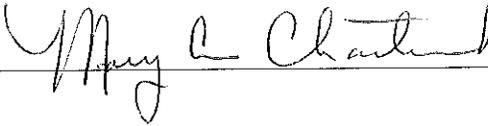
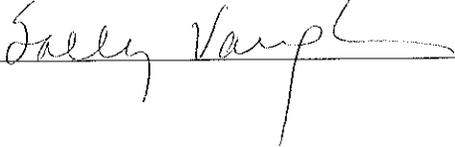
This Form Was Prepared by: Beth Home

Phone Number: 32949

RECEIVED

JUL 01 2010

DEPUTY SUPERINTENDENT
CHIEF ACADEMIC OFFICER

8. OFFICE	
Office Director Approval Signature: <u></u>	Date: <u>6-24-10</u>
Phone: <u>57455</u>	Comments: <u></u>
9. GRANTS OFFICE	
Grants Office Approval Signature: <u></u>	Date: <u>7-1-10</u>
Comments: <u></u>	
<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>7-1-10</u>
Comments: <u></u>	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u></u>	Date: <u>7-2-10</u>
Comments: <u></u>	

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.

**2009-2010 Mandated Activities
Under Individuals with Disabilities Education Act (IDEA 2004), Part B
Applicant Recommended for Funding**

Michigan's Integrated Improvement Initiative

<u>Recipient</u>	<u>Previous Allocation</u>	<u>Amended Amount</u>	<u>Total Recommended Allocation</u>
Marquette-Alger RESA	\$1,600,000	\$350,000	\$1,950,000