(formerly OG-2805/Pink)
Rev. 06/07

Michigan Department of Education
GRANTS COORDINATION AND SCHOOL SUPPORT

# GRANT AWARD APPROVAL FORM

*Direct questions regarding this form to 3-1806.*

**1. OFFICIAL NAME OF GRANT PROGRAM:**

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

2009--2010 (year) (year) Safe and Drug-Free Schools Technical Assistance Grant (title)

Type: ☒Initial ☐Amendment ☐Continuation

Legislation Authorizing This Grant Program: PL 101-297 Elementary and Secondary Education Act of 1965, as Amended

☒Federal Grant: CFDA Number 84.186 ☐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.):**

**Enhance collaboration between education, health, communities, parents, and other key stakeholders to reduce disparities and promote the health, well-being, and academic achievement of all of Michigan's school-aged youth.**

**3. Background/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)**

☐Competitive
☐Formula
☒Other: (specify below)
Designated

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

Michigan educators, collaborative partner agencies, and school-aged youth.

**5. Eligible Applicants:**

Designated state agency and non-profit organizations that provide programs and services in school health.

**6. Award Information:**

| | Amendment Date(s): | Amendment Amount(s): | Total Recommended Award to Date: $53,000 |
|---|---|---|---|
| Original Award Date: 4-13-10 | _____ | $_____ | |
| Original Award Amount: $53,000 | _____ | $_____ | |
| | _____ | $_____ | |

**7. Program Office Responsible:**

| Office | Unit | Contact | Phone |
|---|---|---|---|
| Grants Coord. and School Support | Coord. School Health and Safety Programs | Kyle Guerrant | 50565 |

**This Form Was Prepared by:** Patty Lawless **Phone Number:** 31122

**8. OFFICE**

Office Director Approval Signature: Mary Ann Chartrand Date: 4/1/10 KO 3-31-10

Phone:_____ Comments:

**9. GRANTS OFFICE**

Grants Office Approval Signature: Mary Ann Chartrand Date: 4/6/10

Comments:

☐ Exhibit A Not Required ☒ Exhibit B Not Required

**10. DEPUTY SUPERINTENDENT**

Deputy Superintendent Approval Signature: Carol Wolenberg Date: 4-6-10

Comments:

**11. SUPERINTENDENT**

Superintendent Approval Signature: Michael P Flanagan Date: _____

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.

Exhibit A

**Michigan Department of Education**
**Coordinated School Health and Safety Programs**

**2009-2010 Safe and Drug-Free Schools Technical Assistance Funding for FY 2010**

**Applicants Recommended for Funding**

| **Recommended Applicant** | **Requested Amount** | **Recommended Amount** |
|---|---|---|
| Michigan Primary Care Association | $ 53,000 | $ 53,000 |
| TOTAL | $ 53,000 | $ 53,000 |