

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 12/08/2009																
<p>2009--2011 <u>Competitive Early On[®] Grants under Part C of the Individuals with Disabilities Education Act (IDEA) for the American Recovery and Reinvestment Act (ARRA) of 2009</u></p> <p>(year) (year) (title)</p> <p>Type: <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Continuation</p> <p>Legislation Authorizing This Grant Program: P.L. 105-17 Individuals with Disabilities Education Act</p> <p><input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.393A</u> <input type="checkbox"/> State Aid Grant: Section Number _____ <input type="checkbox"/> Other (Private, Foundation)</p>																	
<p>2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):</p> <p>The criteria for competitive grants under Part C of the Individuals with Disabilities Education Act (IDEA) for American Recovery and Reinvestment Act (ARRA) of 2009 support the Board's expectation of achievement for all children by providing the early intervention support to achieve improved outcomes for children and families. All activities of the <i>Early On</i> system address the tenets of universal education and promote early childhood literacy and school/community relationships.</p>																	
<p>3. Background/Purpose of Grant Program:</p> <p>The Part C of Individuals with Disabilities Education Act for the American Recovery and Reinvestment Act of 2009 competitive grants will assist in strengthening the infrastructure for a statewide, comprehensive, coordinated, multidisciplinary, family centered, interagency system of early intervention services to eligible infants and toddlers and their families by refining replicable delivery models, enhancing existing procedures and practices, and increasing awareness of mechanisms that lead to increased sustainability. Each grant will provide expertise and products designed to expand and improve existing early intervention services being provided to eligible infants and toddlers and their families.</p>	<p>Type of Grant Program: (check one)</p> <p><input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)</p>																
<p>4. Target Population to be Served by Grant:</p> <p>Service providers, intermediate school districts, and infants and toddlers with disabilities and their families.</p>																	
<p>5. Eligible Applicants:</p> <p>State Partnering Agencies, Intermediate School Districts, Institutions of Higher Education, and Eligible Local Partnerships</p>																	
<table style="width:100%; border: none;"> <tr> <td style="width:30%;">6. Award Information:</td> <td style="width:20%;">Amendment Date(s):</td> <td style="width:20%;">Amendment Amount(s): \$ _____</td> <td style="width:30%;">Total Recommended Award to Date: <u>\$604,868</u></td> </tr> <tr> <td>Original Award Date: <u>05/13/11</u></td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Original Award Amount: <u>\$604,868</u></td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td></td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> </table>		6. Award Information:	Amendment Date(s):	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$604,868</u>	Original Award Date: <u>05/13/11</u>	_____	\$ _____		Original Award Amount: <u>\$604,868</u>	_____	\$ _____			_____	\$ _____	
6. Award Information:	Amendment Date(s):	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$604,868</u>														
Original Award Date: <u>05/13/11</u>	_____	\$ _____															
Original Award Amount: <u>\$604,868</u>	_____	\$ _____															
	_____	\$ _____															
<p>7. Program Office Responsible:</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%;"><u>Office</u></td> <td style="width:20%;"><u>Unit</u></td> <td style="width:30%;"><u>Contact</u></td> <td style="width:20%;"><u>Phone</u></td> </tr> <tr> <td>Office of Early Childhood Education and Family Services</td> <td>Infant/Toddler and Family Services</td> <td>Vanessa Winborne</td> <td>517-335-4865</td> </tr> </table>		<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>	Office of Early Childhood Education and Family Services	Infant/Toddler and Family Services	Vanessa Winborne	517-335-4865								
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>														
Office of Early Childhood Education and Family Services	Infant/Toddler and Family Services	Vanessa Winborne	517-335-4865														
<p>This Form Was Prepared by: Cheryl Najm Phone Number: 517-335-1580</p>																	

8. OFFICE	
Office Director Approval Signature: <u>Judy Beuch</u>	Date: <u>5-2-11</u>
Phone: <u>12592</u>	Comments:
9. GRANTS OFFICE <i>SR</i>	
Grants Office Approval Signature: <u>Mary Ann Charters</u>	Date: <u>5-6-11</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>Sally Vangel</u>	Date: <u>5-11-11</u>
Comments:	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u>Michael P. H. [Signature]</u>	Date: <u>5-12-11</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 Early Childhood Education and Family Services

2009-2011 Competitive *Early On*[®] Grants under Part C of the
Individuals with Disabilities Education Act (IDEA) for the American Recovery
and Reinvestment Act (ARRA) of 2009

Applicants Recommended for Funding

Comprehensive System of Personnel Development

<u>Recipient</u>	<u>Amount Recommended</u>
Clinton County RESA	\$302,434

Child Find, Public Awareness, and Information and Referral

Clinton County RESA	\$302,434
Total	\$604,868