

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
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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  
 (year) (year) (title)

Type:  Initial  Amendment  Continuation

Legislation Authorizing This Grant Program: P.L. 105-17 Individuals with Disabilities Education Act

Federal Grant: CFDA Number 84.393A  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.):**

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 *Early On* system address the tenets of universal education and promote early childhood literacy and school/community relationships.

**3. Background/Purpose of Grant Program:**

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.

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

- Competitive
- Formula
- Other: (specify below)

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

Service providers, intermediate school districts, and infants and toddlers with disabilities and their families.

**5. Eligible Applicants:**

State Partnering Agencies, Intermediate School Districts, Institutions of Higher Education, and Eligible Local Partnerships

**6. Award Information:**

Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$157,420</u>
Original Award Date: <u>03/22/2010</u>	_____	\$ _____
Original Award Amount: <u>\$157,420</u>	_____	\$ _____
	_____	\$ _____

**7. Program Office Responsible:**

Office	Unit	Contact	Phone
Office of Early Childhood Education and Family Services	Infant/Toddler and Family Services	Vanessa Winborne	517-335-4865

This Form Was Prepared by: Cheryl Najm

Phone Number: 517-335-1580

**RECEIVED**

MAR 17 2010

DEPUTY SUPERINTENDENT  
CHIEF ACADEMIC OFFICER

<b>8. OFFICE</b>	
Office Director Approval Signature: <u>Sally Bush</u>	Date: <u>3.15.10</u>
Phone: <u>18592</u>	Comments:
<b>9. GRANTS OFFICE</b>	
Grants Office Approval Signature: <u>Mary A. Church</u>	Date: _____
Comments:	
<input type="checkbox"/> Exhibit A Not Required	<input type="checkbox"/> Exhibit B Not Required
<b>10. DEPUTY SUPERINTENDENT</b>	
Deputy Superintendent Approval Signature: <u>Sally Vande</u>	Date: <u>3-18-10</u>
Comments:	
<b>11. SUPERINTENDENT</b>	
Superintendent Approval Signature: <u>Michael P. Hester</u>	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.

Michigan Department of Education  
Office of Early Childhood Education and Family Services

2009-2011 Competitive *Early On*<sup>®</sup> Grants under Part C of the  
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Applicants Recommended for Funding

**1. Family Navigator**

<u>Recipient</u>	<u>Amount Recommended</u>
Washtenaw Intermediate School District	\$10,000

**2. Innovative Intermediate School District**

<u>Recipient</u>	<u>Amount Recommended</u>
St. Joseph County Intermediate School District Partner: Kent Intermediate School District	\$10,000

**3. Training and Technical Assistance for Family Involvement**

<u>Recipient</u>	<u>Amount Recommended</u>
Michigan Alliance for Families	\$40,000

**4. Comprehensive System of Personnel Development**

<u>Recipient</u>	<u>Amount Recommended</u>
Clinton County RESA	\$50,000

**5. Child Find, Public Awareness, and Information and Referral**

<u>Recipient</u>	<u>Amount Recommended</u>
Clinton County RESA	\$30,000

**6. *Early On*<sup>®</sup> Michigan Interagency Collaboration Grant**

<u>Recipient</u>	<u>Amount Recommended</u>
Michigan Department of Community Health	\$17,420

Grand Total Amount Recommended  
\$157,420

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Applicants Not Recommended for Funding

<b><u>Applicant</u></b>	<b><u>Amount Requested</u></b>
Eastern Upper Peninsula Intermediate School District	\$10,000
Jackson County Intermediate School District	\$10,000
Mason-Lake Intermediate School District	\$10,000
Special Touch Learning Center	\$10,000
St. Joseph County Intermediate School District Partner: Branch Intermediate School District	\$10,000