

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 02/09/2010
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2010--2011      2010-11 Region 3 ISD Partnership Grant  
 (year) (year)      (title)

Type: Initial    Amendment    Continuation

Legislation Authorizing This Grant Program: No Child Left Behind Act

Federal Grant: CFDA Number Multiple      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.):

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

3. Background/Purpose of Grant Program: The ISD Partnership grant would expand the state's compliance with legislative requirements and would enhance the capacity at the Intermediate School District level to assist local school districts.

Type of Grant Program: (check one)

Competitive  
Formula  
Other: (specify below)

4. Target Population to be Served by Grant:

Local Educational Agencies serviced by the intermediate school districts from the Office of Field Services (OFS) Region 3 area of Michigan.

5. Eligible Applicants:

Intermediate school districts from the OFS Region 3 area (Griiot-Isabella, Midland, Clare-Gladwin, Bay-Arenac, Saginaw, Genesee, Lapeer, St. Clair, Sanilac, Tuscola, or Huron ISD)

6. Award Information:	Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: \$904,200
Original Award Date: <u>10/1/10</u>	_____	\$ _____	
Original Award Amount: <u>\$904,200</u>	_____	\$ _____	
	_____	\$ _____	

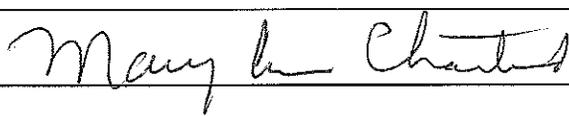
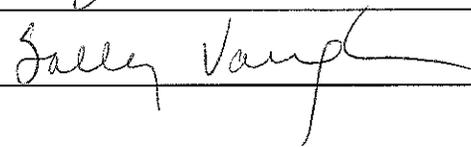
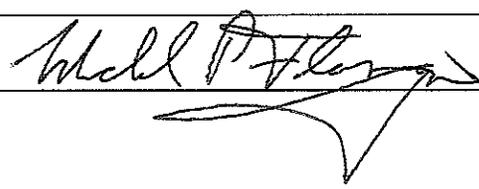
7. Program Office Responsible:			
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Office of Field Services		Michael Radke	33921

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

RECEIVED

OCT 14 2010

DEPUTY SUPERINTENDENT  
CHIEF ACADEMIC OFFICER

<b>8. OFFICE</b>	
Office Director Approval Signature: <u></u>	Date: <u>10-8-10</u>
Phone: _____	Comments: _____
<b>9. GRANTS OFFICE</b>	
Grants Office Approval Signature: <u></u>	Date: <u>10-14-10</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>10-15-10</u>
Comments: _____	
<b>11. SUPERINTENDENT</b>	
Superintendent Approval Signature: <u></u>	Date: <u>10-19-10</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 Field Services  
2010-2011

Exhibit A

Region 3 ISD Partnership Grant  
Applicant Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Genesee Intermediate School District	\$ 904,200	\$904,200
	<b>Total</b>	<b>\$904,200</b>