

Direct questions regarding this form to 3-1806.

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM: 2010--2011 <u>Alternative Energy Training Programs Grant</u> (year) (year) (title) Type: <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Continuation <u>Legislation Authorizing This Grant Program:</u> Public Act 110 of 2010, Section 65(3) <input type="checkbox"/> Federal Grant: CFDA Number _____ <input checked="" type="checkbox"/> State Aid Grant: Section Number <u>65</u> <input type="checkbox"/> Other (Private, Foundation)	Date of SBE Approval of Grant Criteria Legislatively Designated																
2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.): The goal of this grant is to increase student achievement by providing opportunities to study and participate in learning activities related to an alternative energy training program. This is consistent with the SBE strategic goal to attain substantial and meaningful improvement in academic achievement for all students/children.																	
3. Background/Purpose of Grant Program: The Alternative Energy Training Programs provide opportunities for high school students to be prepared for career and technical career opportunities in the field of alternative energy. These programs are designed to engage students in the study of science and technology so they have the tools to succeed in school and the 21st century workplace. They will also create partnerships between intermediate school districts and technology-rich companies.	Type of Grant Program: (check one) <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)																
4. Target Population to be Served by Grant: Grant is available statewide to eligible ISDs interested in starting an alternative energy program, to work on alternative energy curriculum.																	
5. Eligible Applicants: Bay-Arenac ISD, Huron ISD, and Tuscola ISD.																	
<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>\$225,000</u></td> </tr> <tr> <td>Original Award Date: <u>10/1/10</u></td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td>Original Award Amount: <u>\$225,000</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>\$225,000</u>	Original Award Date: <u>10/1/10</u>	_____	\$ _____		Original Award Amount: <u>\$225,000</u>	_____	\$ _____			_____	\$ _____	
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This Form Was Prepared by: Kelli Cross RECEIVED Phone Number: 51185																	

NOV 24 2010

DEPUTY SUPERINTENDENT
CHIEF ACADEMIC OFFICER

8. OFFICE		
Office Director Approval Signature:	<u><i>Sally Cantle</i></u>	Date: <u>11/18/10</u>
Phone: <u>12900</u>	Comments:	
9. GRANTS OFFICE		
Grants Office Approval Signature:	<u><i>Mary Ann Chant</i></u>	Date: <u>11/24/10</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><i>Sally Vaupen</i></u>	Date: <u>11-28-10</u>
Comments:		
11. SUPERINTENDENT		
Superintendent Approval Signature:	<u><i>Michael P. H. [Signature]</i></u>	Date: <u>11-30-10</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 Career and Technical Education
2010-2011 Alternative Energy Training Programs Grant

Applicants Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Bay-Arenac ISD	\$75,000	\$75,000
Huron ISD	\$75,000	\$75,000
Tuscola ISD	\$75,000	\$75,000
<u>Total</u>	<u>\$225,000</u>	<u>\$225,000</u>