

Direct questions regarding this form to 3-1806.

GRANT AWARD APPROVAL FORM

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

1. OFFICIAL NAME OF GRANT PROGRAM:

2010--2011 Designated State Aid Grant - School-Based Crisis Intervention
(year) (year) (title)

Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program: Public Act 110 of 2010

Federal Grant: CFDA Number _____ State Aid Grant: Section Number 99j 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.):

Continue to advocate and promote high school reform through the school-based crisis intervention project.

3. Background/Purpose of Grant Program: To expand the school-based crisis intervention project.

Type of Grant Program: (check one)

- Competitive
- Formula
- Other: (specify below)
Legislatively Designated

4. Target Population to be Served by Grant:

All students within the Pontiac School District.

5. Eligible Applicants:

Legislatively designated by P.A. 110 of 2010.

6. Award Information:

Amendment Date(s): _____

Amendment Amount(s): \$ _____

Total Recommended Award to Date: \$300,000

Original Award Date: 10-1-10

\$ _____

Original Award Amount: \$300,000

\$ _____

\$ _____

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: <u>JB Mary A. Chastel</u>	Date: <u>3/8/11</u>
	Phone: <u>3-4013</u> Comments: _____	
9. GRANTS OFFICE	Grants Office Approval Signature: ^{3/8/11} <u>Mary A. Chastel</u>	Date: <u>3/8/11</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>Paul W. DeBary</u>	Date: <u>3-9-11</u>
	Comments: _____	
11. SUPERINTENDENT	Superintendent Approval Signature: <u>Michael P. Filer</u>	Date: <u>3-11-11</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
Coordinated School Health and Safety Programs
2010-2011 School-Based Crisis Intervention**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Pontiac School District	\$300,000	\$300,000
TOTAL	\$300,000	\$300,000