

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:	Date of SBE Approval of Grant Criteria 8/12/2008		
<u>2010--2011</u> <u>Safe and Drug-Free Schools Grant</u> (year) (year) (title)			
Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation			
Legislation Authorizing This Grant Program: PL 101-297 Elementary and Secondary Education Act of 1965, As Amended ✓			
<input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.186A</u> <input type="checkbox"/> State Aid Grant: Section Number _____ <input type="checkbox"/> 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.): Enhance collaboration between education, health, communities, parents, and other key stakeholders to reduce disparities and promote the health, well-being, and academic achievement of all of Michigan's school-aged youth.			
3. Background/Purpose of Grant Program: Provide mental health programming around initiatives that help to ensure a safe and healthy environment for students.	Type of Grant Program: (check one) <input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Special Project		
4. Target Population to be Served by Grant: School-aged youth, their parents, and teachers/administrators.			
5. Eligible Applicants: ISDs			
6. Award Information:			
Original Award Date: <u>3-31-11</u>	Amendment Date(s): <u>4-15-11</u> <u>4-4-12</u>	Amendment Amount(s): <u>\$125,867</u>	Total Recommended Award to Date: <u>\$689,867</u>
Original Award Amount: <u>\$500,000</u>	_____	<u>\$64,000</u>	
	_____	\$ _____	
	_____	\$ _____	
7. Program Office Responsible:			
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Grants Coord. and School Support	Coord. School Health and Safety Programs	Kyle Guerrant	50565
This Form Was Prepared by: Jill Byelich		Phone Number: 33623	

8. OFFICE	
Office Director Approval Signature: <u>Mary Ann Chartrand</u>	Date: <u>4/5/12</u>
Phone: _____	Comments: <u>(EC) 4-4-12</u>
9. GRANTS OFFICE	
Grants Office Approval Signature: <u>J. J. By</u>	Date: <u>4/11/12</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>Carol Wolensky</u>	Date: <u>4-12-12</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u>Michael P. Flanagan</u>	Date: <u>4-12-12</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 Safe and Drug-Free Schools Grant
Applicants Recommended for Additional Funding**

<u>Applicant</u>	<u>Previous Award</u>	<u>Amended Amount</u>	<u>Total Recommended Award</u>
Muskegon Area ISD	\$625,867	\$64,000	\$689,867