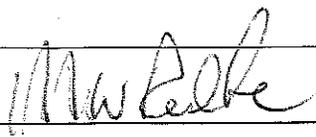
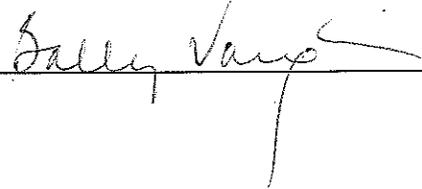


GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:		Date of SBE Approval of Grant Criteria 3/11/2008			
<u>2010--2011</u> (year) (year)	<u>Title III - English Language Acquisition Program</u> (title)				
Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation					
<u>Legislation Authorizing This Grant Program:</u> No Child Left Behind Act of 2001 - Title III, Part A, Section 3001					
<input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.365A</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.): The State Board of Education has adopted as its Strategic Goal "Attain substantial and meaningful improvement in academic achievement for all students/children with primary emphasis on high priority schools and students." This grant supports the State Board Strategic Goal by providing assistance to non-English speaking students so that they are able to participate in the classroom experience and meet the state's academic standards.-					
3. Background/Purpose of Grant Program: To ensure that limited English proficient students attain English proficiency and meet State of Michigan standards. To develop high-quality language instruction programs to assist local educational agencies in teaching limited English proficient children and to promote parental and community participation in language instruction educational programs for the parents and communities of limited English proficient children.		Type of Grant Program: (check one) <input type="checkbox"/> Competitive <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)			
4. Target Population to be Served by Grant: Limited English proficient students enrolled in elementary and secondary schools.					
5. Eligible Applicants: Local Educational Agencies, Public School Academies, Intermediate School Districts, and consortia of these.					
6. Award Information:					
Amendment Date(s):	<u>2/1/2011</u>	Amendment Amount(s):	<u>\$20,592</u>	Total Recommended Award to Date:	<u>\$11,308,213</u>
Original Award Date:	<u>11/2/2010</u>		<u>12/5/2011</u>		\$0
Original Award Amount:	<u>\$11,287,621</u>		_____		\$ _____
			_____		\$ _____
7. Program Office Responsible:					
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>		
Office of Field Services	Special Populations	Mike Radke	3-3921		
This Form Was Prepared by: William Rowan			Phone Number: 3-2693		

8. OFFICE	
Office Director Approval Signature: <u></u>	Date: <u>12-5-11</u>
Phone: _____	Comments: _____
9. GRANTS OFFICE	
Grants Office Approval Signature: <u></u>	Date: <u>12/8/11</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></u>	Date: <u>12-5-11</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u></u>	Date: <u>12-9-11</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
Office of Field Services, special Populations Unit
Title III, Part A, Language Acquisition Program
FY 2010-11**

LEAs Recommended for Amended Funding

District Code	District Name	Previous Allocation	Amended Amount	Total Recommended Allocation
70350	Zeeland Public Schools	\$ 15,740	\$ 10,014	\$ 25,754
70010	Grand Haven Area Public Schools	\$ 11,853	\$ (10,014)	\$ 1,839
STATE TOTAL		\$ 11,308,213	\$ -	\$ 11,308,213

Grand Haven Area Public Schools joined the Zeeland Public Schools consortium for the 2011-12 grant year. Grand Haven's 2010-11 allocation was reduced by 10,014 and Zeeland's was increased by an equal amount to allow Grand Haven's 2010-11 carryover to carry over to the Zeeland consortium in 2011-12. No change was made to the overall state award.