

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:

RECEIVED

2011--2012 IDEA, Part B Mandated Activities Projects
(year) (year) (title)

JUN 17 2011

Type: Initial Amendment Continuation

DEPUTY SUPERINTENDENT
CHIEF ACADEMIC OFFICER

Legislation Authorizing This Grant Program: P.L. 108-446 Individuals with Disabilities Education Act (IDEA 2004)

Federal Grant: CFDA Number 84.027A 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.):

This grant supports the SBE Priorities and the requirements under IDEA by providing information dissemination, training and technical assistance as well as personnel development for improvement of instruction for students with disabilities, using evidence-based interventions and practices in several areas including transition services.

3. Background/Purpose of Grant Program: To implement and fully operationalize programs and services that will: assure compliance with statutory and regulatory requirements in support of the IDEA general supervision requirements; offer training and technical assistance and personnel development to improve the instruction for students with disabilities.

Type of Grant Program: (check one)

Competitive
 Formula
 Other: (specify below)

4. Target Population to be Served by Grant:

Infants and toddlers, students with disabilities, and their families

5. Eligible Applicants:

Intermediate school districts, local education agencies, including public school academies, institutions of higher education, professional organizations, private profit and non-profit organizations

6. Award Information:

Amendment Date(s): _____

Amendment Amount(s): \$ _____

Total Recommended Award to Date: \$4,400,000

Original Award Date:
10/01/2011

\$ _____

\$ _____

Original Award Amount:
\$4,400,000

\$ _____

7. Program Office Responsible:

Office
OSE/EIS

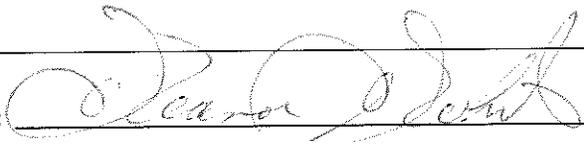
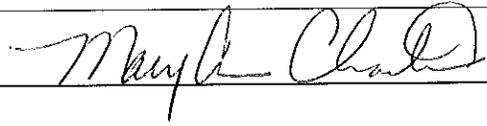
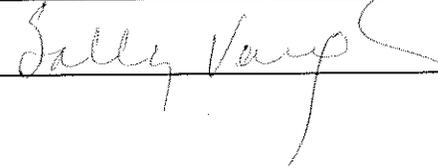
Unit
Program Finance

Contact
John Andrejack

Phone
14386

This Form Was Prepared by: Beth Horne

Phone Number: 32949

8. OFFICE	Office Director Approval Signature: <u></u>	Date: <u>6-14-11</u>
	Phone: _____	Comments: _____
9. GRANTS OFFICE	Grants Office Approval Signature: <u></u>	Date: <u>6/16/11</u>
	Comments: _____	
	<input type="checkbox"/> Exhibit A Not Required	<input type="checkbox"/> Exhibit B Not Required
10. DEPUTY SUPERINTENDENT	Deputy Superintendent Approval Signature: <u></u>	Date: <u>6-21-11</u>
	Comments: _____	
11. SUPERINTENDENT	Superintendent Approval Signature: <u></u>	Date: <u>6-21-11</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 Special Education and Early Intervention Services
2011-2012 Mandated Activities
Individuals with Disabilities Education Act, Part B
Applicants Recommended for Funding**

1. Michigan Transition Outcomes Project (MI-TOP)

<u>Recipient</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Marquette-Alger RESA	\$1,200,000	\$1,200,000

2. State Performance Plan Development and Implementation Grant

<u>Recipient</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Marquette-Alger RESA	\$3,200,000	\$3,200,000

**Michigan Department of Education
Office of Special Education and Early Intervention Services
2011-2012 Mandated Activities
Individuals with Disabilities Education Act, Part B
Applicants Not Recommended for Funding**

1. Michigan Transition Outcomes Project (MI-TOP)

<u>Applicant</u>	<u>Amount Requested</u>
Ionla RESA	\$1,200,000
Michigan Disability Rights Coalition	\$1,200,000
The Arc Michigan	\$1,200,000
Total	\$3,600,000

2. State Performance Plan Development and Implementation

<u>Applicant</u>	<u>Amount Requested</u>
Michigan Disability Rights Coalition	\$3,200,000
The Arc Michigan	\$3,200,000
Total	\$6,400,000