

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:		Date of SBE Approval of Grant Criteria 8/12/2008	
<u>2011--2012</u> (year) (year)		<u>Hearing and Vision Screenings</u> (title)	
Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation			
Legislation Authorizing This Grant Program: Section 31a(7) of the State School Aid Act			
<input type="checkbox"/> Federal Grant: CFDA Number _____ <input checked="" type="checkbox"/> State Aid Grant: Section Number <u>31a(7)</u> <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 Hearing and Vision Screenings section of the State Aid Grant is consistent with the strategic goal "Attain substantial and meaningful improvement in academic achievement for all students/children with primary emphasis on high priority schools and students."			
3. Background/Purpose of Grant Program: The purpose of the hearing and vision screenings program is to provide free hearing and vision screenings for children via local health departments.		Type of Grant Program: (check one)	
		<input type="checkbox"/> Competitive	
		<input type="checkbox"/> Formula	
		<input checked="" type="checkbox"/> Other: (specify below) Legislatively Designated	
4. Target Population to be Served by Grant:			
The grant supports hearing and vision screenings for all children residing within a local health department's jurisdiction.			
5. Eligible Applicants:			
Baldwin Community Schools			
6. Award Information:			
Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$5,150,000</u>	
Original Award Date: <u>10/1/11</u>	_____	\$ _____	
Original Award Amount: <u>\$5,150,000</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: Patty Lawless		Phone Number: 31122	

(KC)
9-244

8. OFFICE	
Office Director Approval Signature: <u><i>J. J. By</i></u> <i>FOR MAIL</i>	Date: <u>10/4/2011</u>
Phone: _____	Comments: _____
9. GRANTS OFFICE	
Grants Office Approval Signature: <u><i>J. J. By</i></u>	Date: <u>10/4/2011</u>
Comments: _____	
<input type="checkbox"/> Exhibit A Not Required	<input type="checkbox"/> Exhibit B Not Required
10. DEPUTY SUPERINTENDENT	
Deputy Superintendent Approval Signature: <u><i>Carol Z. Wolberg</i></u>	Date: <u>10-4-11</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u><i>W. H. H. H.</i></u>	Date: <u>10-4-11</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
2011-2012 Hearing and Vision Screenings
Baldwin Community Schools Recommended for Funding**

<u>Recipient</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Baldwin Community Schools	\$5,150,000	\$5,150,000

Section 31a(7) of the State School Aid Act for 2011-12 designates an amount of \$5,150,000 to Baldwin Community Schools:

“(7) From the funds allocated under subsection (1), there is allocated for 2011-2012 an amount not to exceed \$5,150,000 for the state portion of the hearing and vision screenings as described in section 9301 of the public health code, 1978 PA 368, MCL 333.9301. A local public health department shall pay at least 50% of the total cost of the screenings. The frequency of the screenings shall be as required under R 325.13091 to R 325.13096 and R 325.3271 to R 325.3276 of the Michigan administrative code. Funds shall be awarded in a form and manner approved jointly by the department and the department of community health. Notwithstanding section 17b, payments to eligible entities under this subsection shall be paid on a schedule determined by the department.”

These funds are awarded to Baldwin Community Schools, who, in turn, works with the Michigan Department of Community Health (MDCH) to Medicaid match the state aid dollars. Funds are then awarded to local health departments throughout the state through a competitive RFP process jointly run by the MDCH and MDE.

This is a legislatively-designated allocation. No competition or bidding is allowable.