(formerly OG-2805/Pink)
Rev. 06/07

Michigan Department of Education
GRANTS COORDINATION AND SCHOOL SUPPORT

GRANT AWARD APPROVAL FORM

Direct questions regarding this form to 3-1806.

1. OFFICIAL NAME OF GRANT PROGRAM:

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

2011--2012 (year) (year) Safe and Supportive Schools Grant (title)

Type: ☐Initial ☒Amendment ☐Continuation

Legislation Authorizing This Grant Program: PL 107-110 Safe & Drug-Free Schools and Communities Act of 1994

☒Federal Grant: CFDA Number 84.184Y ☐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.):

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: Grants will be disseminated to assist in coordination and support to improve the health, well-being, and educational achievement of Michigan youth through the coordination of health programs.

Type of Grant Program: (check one)

☐Competitive
☐Formula
☒Other: (specify below)
Designated

4. Target Population to be Served by Grant:

Michigan educators, collaborative partner agencies, and school-aged youth..

5. Eligible Applicants:

Intermediate School Districts and non-profit organizations that provide programs and services in school health.

6. Award Information:

Original Award Date: 10-1-11

Original Award Amount: $530,609

Amendment Date(s): 12-7-11
_____
_____
_____

Amendment Amount(s): $109,699
$_____
$_____
$_____

Total Recommended Award to Date: $640,308

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: _____ Date: 12/1/11

Phone: _____ Comments:

9. GRANTS OFFICE

Grants Office Approval Signature: _____ Date: 12/1/11

Comments:

☐ Exhibit A Not Required ☑ Exhibit B Not Required

10. DEPUTY SUPERINTENDENT

Deputy Superintendent Approval Signature: _____ Date: 12-2-11

Comments:

11. SUPERINTENDENT

Superintendent Approval Signature: _____ Date: 12-5-11

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.

Exhibit A

Michigan Department of Education
Coordinated School Health and Safety Programs

2011-2012 Safe and Supportive Schools Grant
Funding for FY 2012

Applicants Recommended for Funding

Applicant	Requested Amount	Recommended Amount
Michigan Primary Care Association	$ 109,699	$ 109,699
Total	**$ 109,699**	**$ 109,699**