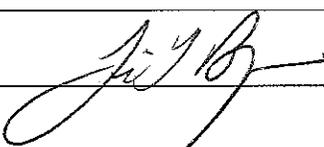
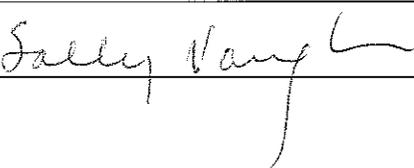
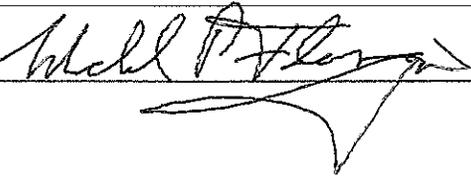


Direct questions regarding this form to 3-1806.

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:		Date of SBE Approval of Grant Criteria 12/6/2011	
<u>2011--2012</u> (year) (year)		<u>Title II Part A(1), Teacher Quality Statewide Activities</u> (title)	
Type: <input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Continuation			
Legislation Authorizing This Grant Program: Title II, Part A(1) of the No Child Left Behind Act of 2001			
<input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.367A</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 SBE has adopted as its goal "Significant and meaningful improvement in the academic performance of all students/children with major emphasis on the persistently lowest achieving schools and students." Title II, Part A(1), further assists the SBE in addressing equitable distribution of teachers and administrators and improves the equitable distribution of effective and certified educators especially in shortage areas and hard to serve areas.			
3. Background/Purpose of Grant Program:		Type of Grant Program: (check one)	
The purpose of the Title II, Part A(1): Improving Teacher and Principal Quality Grant is to increase the academic achievement of all students by helping schools and districts improve teacher and principal quality and ensure that teachers are highly qualified, as defined by the "Michigan Definition of a Highly Qualified Teacher" in accordance with criteria provided by the No Child Left Behind (NCLB) Act of 2001.		<input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)	
4. Target Population to be Served by Grant:			
This grant will serve to provide technical assistance to Michigan public schools, public school academies, and intermediate school districts.			
5. Eligible Applicants:			
Eligible applicants include Michigan public schools, public school academies, and intermediate school districts.			
6. Award Information:			
Original Award Date:	<u>10/1/11</u>	Amendment Date(s): _____	Amendment Amount(s): \$ _____
Original Award Amount:	<u>\$365,000</u>	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
7. Program Office Responsible:			
<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Professional Preparation Service	Client Services Unit	Krista Ried	36794
This Form Was Prepared by: Stacy Guthrie		Phone Number: 50588	

8. OFFICE	
Office Director Approval Signature: <u></u>	Date: <u>6/20/12</u>
Phone: <u>335-9985</u>	Comments: _____
9. GRANTS OFFICE	
Grants Office Approval Signature: <u></u>	Date: <u>6/21/12</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></u>	Date: <u>6-26-12</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u></u>	Date: _____
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 Professional Preparation Services
2011-2012 Michigan Technical Assistance Project (MiTAP)

Exhibit A

Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Bay-Arenac ISD	\$365,000	\$365,000
		<hr/>
		Total: \$365,000