

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:

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

2012--2013 Special Projects Grants Under Centers for Disease Control and Prevention
(year) (year) (title)

Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program: Public Health Service Act, 42 U.S.C 241

Federal Grant: CFDA Number 93.938 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: Special project 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:

Designated state agency and non-profit organizations that provide programs and services in school health.

6. Award Information:

Amendment Date(s): _____

Amendment Amount(s): \$ _____

Total Recommended Award to Date: \$115,000

Original Award Date: 3-1-12

\$ _____

Original Award Amount: \$115,000

\$ _____

\$ _____

7. Program Office Responsible:

Office

Unit

Contact

Phone

Office of School Support Services

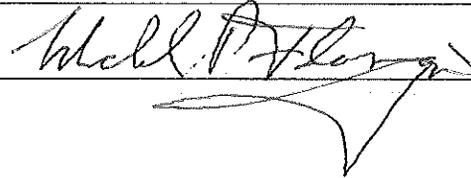
Coord. School Health and Safety Programs

Kyle Guerrant

50565

This Form Was Prepared by: Patty Lawless

Phone Number: 31122

8. OFFICE		
Office Director Approval Signature:		Date: <u>6-1-12</u>
Phone: _____	Comments:	
9. GRANTS OFFICE		
Grants Office Approval Signature:		Date: <u>6/1/2012</u>
Comments:		
<input type="checkbox"/> Exhibit A Not Required <input checked="" type="checkbox"/> Exhibit B Not Required		
10. DEPUTY SUPERINTENDENT		
Deputy Superintendent Approval Signature:		Date: <u>6-6-12</u>
Comments:		
11. SUPERINTENDENT		
Superintendent Approval Signature:		Date: <u>6-6-12</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**

**2012-2013 Special Projects Grants
Under Centers for Disease Control and Prevention
Funding for FY 2013**

Applicants Recommended for Funding

<u>Applicant</u>	<u>Requested Amount</u>	<u>Recommended Amount</u>
Michigan Department of Community Health	\$ 115,000	\$ 115,000
TOTAL	\$ 115,000	\$ 115,000