

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 8/12/2008																
<p>2010--2011 <u>IDEA, Part B Formula Grants</u> (year) (year) (title)</p> <p>Type: <input checked="" type="checkbox"/>Initial <input type="checkbox"/>Amendment <input type="checkbox"/>Continuation</p> <p>Legislation Authorizing This Grant Program: P.L. 108-446 Individuals with Disabilities Education Act (IDEA 2004)</p> <p><input checked="" type="checkbox"/>Federal Grant: CFDA Number <u>84.027A</u> <input type="checkbox"/>State Aid Grant: Section Number _____ <input type="checkbox"/>Other (Private, Foundation)</p>																	
<p>2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.):</p> <p>This grant supports the SBE Priorities and the requirements under IDEA in conducting the regulatory and administrative activities. Federal legislation requires each state to report annually on 20 indicators of performance for children ages 3-21 receiving special education services. IDEA Part B, Section 611 grant funds provide programs and services for this population directly related to performance on these indicators.</p>																	
<p>3. Background/Purpose of Grant Program: This grant provides funding for: a) instructional programs, services, and materials to students with disabilities who are 3 through 21 years of age; b) regulatory oversight and/or enhancement of existing programs and services; and c) transition services to 14-21 year old students with disabilities.</p>	<p>Type of Grant Program: (check one)</p> <p><input type="checkbox"/>Competitive <input checked="" type="checkbox"/>Formula <input type="checkbox"/>Other: (specify below)</p>																
<p>4. Target Population to be Served by Grant:</p> <p>Students with disabilities</p>																	
<p>5. Eligible Applicants:</p> <p>57 Intermediate School Districts, Department of Community Health, Department of Corrections, Department of Human Services, and the Michigan School for the Deaf</p>																	
<table style="width:100%; border: none;"> <tr> <td style="width:30%;">6. Award Information:</td> <td style="width:20%;">Amendment Date(s): _____</td> <td style="width:20%;">Amendment Amount(s): \$ _____</td> <td style="width:30%;">Total Recommended Award to Date:</td> </tr> <tr> <td>Original Award Date:</td> <td>_____</td> <td>\$ _____</td> <td><u>\$360,036,705</u></td> </tr> <tr> <td>Original Award Amount:</td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> <tr> <td><u>\$360,036,705</u></td> <td>_____</td> <td>\$ _____</td> <td></td> </tr> </table>		6. Award Information:	Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date:	Original Award Date:	_____	\$ _____	<u>\$360,036,705</u>	Original Award Amount:	_____	\$ _____		<u>\$360,036,705</u>	_____	\$ _____	
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<p>7. Program Office Responsible:</p> <table style="width:100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office</u></th> <th style="text-align: left;"><u>Unit</u></th> <th style="text-align: left;"><u>Contact</u></th> <th style="text-align: left;"><u>Phone</u></th> </tr> </thead> <tbody> <tr> <td>OSE/EIS</td> <td>Program Finance</td> <td>John Andrejack</td> <td>14386</td> </tr> </tbody> </table>		<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>	OSE/EIS	Program Finance	John Andrejack	14386								
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<p>This Form Was Prepared by: Patrick Conlen RECEIVED Phone Number: 50475</p>																	

JUL 19 2010

DEPUTY SUPERINTENDENT
CHIEF ACADEMIC OFFICER

JA

8. OFFICE	
Office Director Approval Signature: _____	Date: <u>7.14.10</u>
Phone: <u>5-0455</u> Comments: _____	
9. GRANTS OFFICE	
Grants Office Approval Signature: _____	Date: <u>7/15/10</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>7-20-10</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: _____	Date: <u>7-23-10</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.



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



JENNIFER M. GRANHOLM
GOVERNOR

MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

July 24, 2009

GRANT AWARD NOTIFICATION

MEMORANDUM

TO: Intermediate School District and State Agency Directors of
Special Education

FROM: Mike Flanagan *Mike*
Superintendent of Public Instruction

SUBJECT: Grant Award Notification of FY 2010-2011 Funds under the Individuals
with Disabilities Education Act (IDEA 2004), Part B

This memorandum provides notice of grant awards to the Intermediate School Districts and State Agencies under the Individuals with Disabilities Education Act (IDEA 2004), Part B. The Office of Special Education and Early Intervention Services prepared the enclosed chart, Exhibit A, which details the Part B Flowthrough and also includes Mandated Activities Project Awards for: Enhancing Opportunities for Students with Disabilities (EOSD) and Transition Coordination Grant.

If there are questions regarding this notification, please contact the Office of Special Education and Early Intervention Services, Program Finance Unit at (517) 241-1235.

Enclosure

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608 WEST ALLEGAN STREET • P.O. BOX 30008 • LANSING, MICHIGAN 48909
www.michigan.gov/mde • (517) 373-3324

The Michigan Department of Education
The Office of Special Education and Early Intervention Services
2010-2011 IDEA, Part B Formula Grants
Applicants Recommended for Funding

<u>District</u>	<u>110450</u> <u>Flowthrough</u>	<u>110480</u> <u>EOSD</u>	<u>110490</u> <u>Transition</u>
Allegan	\$3,013,490	\$50,000	\$40,000
A-M-A	\$1,414,027	\$45,000	\$35,000
Barry	\$1,019,719	\$45,000	\$35,000
Bay-Arenac	\$4,011,927	\$50,000	\$40,000
Berrien	\$6,142,111	\$50,000	\$45,000
Branch	\$1,464,319	\$45,000	\$35,000
C.O.P.	\$2,054,793	\$50,000	\$35,000
Calhoun	\$5,694,506	\$50,000	\$45,000
Charlevoix-Emmet	\$2,050,823	\$50,000	\$40,000
Clare-Gladwin	\$1,990,840	\$50,000	\$35,000
Clinton	\$2,234,724	\$50,000	\$35,000
COOR	\$1,989,650	\$50,000	\$40,000
Copper Co.	\$1,349,314	\$45,000	\$35,000
Delta-Schoolcraft	\$1,660,725	\$50,000	\$35,000
Dickinson-Iron	\$1,291,066	\$45,000	\$35,000
Eastern U.P.	\$1,598,527	\$50,000	\$35,000
Eaton	\$3,024,790	\$50,000	\$40,000
Genesee	\$17,027,473	\$60,000	\$50,000
Gogebic-Ontonagon	\$648,303	\$45,000	\$35,000
Gratiot-Isabella	\$3,288,249	\$50,000	\$40,000
Hillsdale	\$1,540,062	\$50,000	\$35,000
Huron	\$1,134,488	\$45,000	\$35,000
Ingham	\$10,493,659	\$60,000	\$50,000
Ionia	\$2,598,438	\$50,000	\$40,000
Iosco	\$1,169,054	\$45,000	\$35,000
Jackson	\$5,711,884	\$50,000	\$45,000
Kalamazoo	\$7,141,731	\$55,000	\$45,000
Kent	\$24,285,209	\$65,000	\$55,000
Lapeer	\$2,887,764	\$50,000	\$40,000
Lenawee	\$3,821,870	\$50,000	\$40,000
Lewis Cass	\$1,563,579	\$45,000	\$35,000
Livingston	\$5,565,251	\$55,000	\$45,000
Macomb	\$29,204,825	\$65,000	\$55,000
Manistee	\$777,251	\$45,000	\$35,000
Marquette-Alger	\$2,200,767	\$50,000	\$40,000
Mason-Lake	\$1,283,971	\$45,000	\$35,000
Mecosta-Osceola	\$2,193,040	\$50,000	\$40,000
Menominee	\$750,116	\$45,000	\$35,000
Midland	\$3,021,706	\$50,000	\$40,000
Monroe	\$5,514,016	\$55,000	\$45,000
Montcalm	\$2,977,607	\$50,000	\$40,000
Muskegon	\$7,284,417	\$55,000	\$45,000
Newaygo	\$2,098,277	\$50,000	\$35,000
Oakland	\$41,066,471	\$70,000	\$55,000
Oceana	\$833,978	\$45,000	\$35,000
Ottawa	\$9,949,841	\$60,000	\$45,000
Saginaw	\$8,065,909	\$55,000	\$50,000

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<u>District</u>	110450 <u>Flowthrough</u>	110480 <u>EOSD</u>	110490 <u>Transition</u>
Sanilac	\$1,578,522	\$45,000	\$35,000
Shiawassee	\$2,866,638	\$50,000	\$40,000
St. Clair	\$5,688,950	\$50,000	\$45,000
St. Joseph	\$2,484,357	\$50,000	\$40,000
Traverse Bay	\$5,308,207	\$50,000	\$45,000
Tuscola	\$2,468,874	\$50,000	\$40,000
Van Buren	\$3,526,107	\$50,000	\$40,000
Washtenaw	\$9,943,766	\$60,000	\$50,000
Wayne	\$70,408,203	\$70,000	\$70,000
Wexford-Missaukee	\$1,985,128	\$50,000	\$35,000
	110450	110480	110490
<u>Agency</u>	<u>Flowthru</u>	<u>EOSD</u>	<u>Transition</u>
Dept. of Community Health	\$60,678	\$30,000	\$2,500
Dept. of Corrections	\$57,047	\$30,000	\$2,500
Dept. of Human Services	\$132,765	\$30,000	\$2,500
	112490		
<u>Agency</u>	<u>Flowthru</u>	<u>EOSD</u>	<u>Transition</u>
MSD	\$75,406	\$0	\$0
TOTALS	\$354,689,205	\$3,005,000	\$2,342,500
Total for Grant Award Approval Form	\$360,036,705		