

Direct questions regarding this form to 373-1806.

GRANT AWARD APPROVAL FORM

1. SOURCE OF GRANT FUNDS RECEIVED	SBE Grant Criteria Approval Date (meeting date): 12/8/2009
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Official Name Of Grant Program:
2013--2014 Statewide Collaboration for Technical Assistance Grant for the 21st Century Community Learning Centers (21st CCLC) Program
 (year) (year) (title)

Grant Type: Initial Amendment Continuation

Legislation Authorizing This Grant Program: Title IV, Part B of No Child Left Behind Act of 2001

Federal Grant: CFDA Number 84.287 State Aid Grant: Section Number _____ Other (specify) _____

2. SBE Priorities, Policies, and Programs that this Grant Supports:
 The State Board of Education had adopted as its Strategic Goal: "Attain substantial and meaningful improvement in academic achievement for all students/children with primary emphasis on high priority schools and students." The 21st CCLC program's primary focus is to assist chronically-underperforming schools achieve high academic success through high quality, after-school programs. The 21st CCLC programs are based upon partnerships between local education agencies and faith and community-based organizations. To the extent possible, all grant criteria and grant awards will include priority consideration of the SBE Strategic Goal.

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program: The purpose of Statewide Collaboration for Technical Assistance Grant for the 21 st CCLC Program is to provide a network that brings together key decision makers in Michigan dedicated to improving outcomes for children and youth through after-school programs. The grantee is committed to providing statewide leadership to build and sustain high quality, after-school programs that support their success through social, cultural, physical and intellectual development.	Type of Distribution: (check one) <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)
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4. Target Population to be Served by Grant: The funds will be used to support 21 st Century Community Learning Centers that provide academic enrichment opportunities for children, particularly students who attend high-poverty and low-performing schools.	Type of Award: (check all applicable) <input type="checkbox"/> Initial (Exhibit A) <input type="checkbox"/> Revised (Exhibit A) <input checked="" type="checkbox"/> Conditional (Exhibit A) <input type="checkbox"/> Denial (Exhibit B)
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5. Eligible Applicants: Intermediate school districts, local education agencies including public school academies, institutions of higher education, professional organizations, non-profit organizations, and others of demonstrated experience in providing high quality training and technical assistance specific to 21 st CCLC programs were eligible to apply for the grant.	Type of Notification: (check one) <input type="checkbox"/> Letter <input type="checkbox"/> Mail-merge Letter <input checked="" type="checkbox"/> MEGS/MEGS+ <input type="checkbox"/> Other: (specify below)
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6. Award Information:	Amendment _____	Amendment \$ _____	Total Recommended Award to Date:
Original Award Date: <u>10/1/2013</u>	Date(s): _____	Amount(s): \$ _____	<u>\$50,000</u>
Original Award Amount: <u>\$50,000</u>	_____	\$ _____	
	_____	\$ _____	

7. Responsible Program Office:

Office Name	Unit Name	Contact Name	Phone Number
Great Start/Early Childhood Education and Family Services	Preschool and Early Elementary Programs	Lorraine Thoreson	14974

This Form Was Prepared by: Amanda Stoel Phone Number: 14290

8. OFFICE	
Office Director Approval Signature: <u><i>Judy Bush</i></u>	Date: <u>8-28-13</u>
Phone: _____	
Comments: _____	
<input checked="" type="checkbox"/> Exhibit B Not Required because: This is a continuation application. There are no other applicants.	
9. GRANTS OFFICE	
Grants Office Approval Signature: <u><i>JTB</i></u>	Date: <u>8/29/13</u>
Comments: _____	
10. DEPUTY SUPERINTENDENT	
Deputy Superintendent Approval Signature: <u><i>[Signature]</i></u>	Date: <u>8/29/13</u>
Comments: _____	
11. SUPERINTENDENT	
Superintendent Approval Signature: <u><i>Michael P. Hester</i></u>	Date: <u>8-29-13</u>
Comments: _____	

INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Coordination and School Support Unit will facilitate completion of items 9-11.
- B. **Attach two (2)** sets of Exhibits A and B (one original and 1 copy). 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. Submit Grant Award Approval Form (pink), attachments, and letters to the **Grants Coordination and School Support Unit**.

Note: The approval process takes, on average, one week to receive all approvals after the packet is delivered to the Grants Unit. The time varies depending upon the number of corrections and revisions that are necessary and the availability of all of the signers. Reviews and approvals can take longer, up to two weeks, particularly around holiday times when signers may be out of the office.

**Michigan Department of Education
Office of Great Start/Early Childhood Education and Family Services
2013-2014 Statewide Collaboration for Technical Assistance Grant for the
21st Century Community Learning Centers
(21st CCLC) Program**

Applicant Recommended for Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Recommended Award</u>
Michigan Association of United Ways	\$50,000	\$50,000
	Total:	\$50,000