

RECEIVED

GRANT AWARD APPROVAL FORM

DEC 9 2003

GRANT OFFICE USE ONLY

Notification to ITS:
Initials:

DEPUTY SUPERINTENDENT

1. Official Name of Grant Program:		Date of SBE approval of grant criteria 4/24/2003	
2003 - 2004 <input type="checkbox"/> Initial (years)	Special Projects Grants Under Centers for Disease Control and Prevention Funding for FY 2004 <input checked="" type="checkbox"/> Amendment (title)	<input type="checkbox"/> Continuation (type)	
Legislation Authorizing this Grant Program:			
<input checked="" type="checkbox"/> Federal Grant CFDA Number 93.938		<input type="checkbox"/> State Grant	
		<input type="checkbox"/> Other (Private, Foundation)	
2. Type and Purpose of Grant Program: (check one)			
Special project school health negotiated grants will be disseminated to support coordination and support for the Youth Risk Behavior Survey; carry out a variety of major activities in the Coordinated School Health Program federal grant; provide trainings and workshops to parents, teachers, and agency staff; evaluate and provide coordination and oversight on specific projects named in the federal grant; develop a white paper; provide technical assistance; develop networks to enhance statewide efforts for school health collaboration; and, support the annual Wellness Conference.		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other Designated _____ (specify)	
3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)			
<u>Priorities</u>		<u>Policies</u>	
<input checked="" type="checkbox"/> Integrating Communities and Schools	<input checked="" type="checkbox"/> Elevating Educational Leadership	<input checked="" type="checkbox"/> Bullying	<input type="checkbox"/> Other _____ (specify)
<input type="checkbox"/> Embracing the Information Age	<input type="checkbox"/> Ensuring Early Childhood Literacy	<input type="checkbox"/> Character Education	
<input checked="" type="checkbox"/> Ensuring Excellent Educators		<input checked="" type="checkbox"/> Creating Effective Learning Environments	
		<input type="checkbox"/> Family Involvement	
		<input checked="" type="checkbox"/> Safe Schools	
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE			
5. Target Population to be Served by Grant: Michigan educators, collaborative partner agencies, and school-aged youth.			
6. Total Funds Awarded:			
Previously awarded to other applicants: \$541,069	New award: \$10,031	Total grants awarded: \$551,100	
7. Eligible Applicants: Designated applicants are Educational Materials Center/Central Michigan University, Michigan Department of Community Health, Michigan Education Special Services Association (MESSA), Governor's Council on Physical Fitness, Health and Sports/Michigan Fitness Foundation, Michigan Council for Maternal and Child Health, Michigan Congress of Parents, Teachers, and Students, School Community Health Alliance/Michigan Primary Care Association, Calhoun Intermediate School District, Michigan Inter-Tribal Council, Michigan Public Health Institute, and American Cancer Society.			
8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE			
9. Grant Administration:			
Office School Excellence	Unit School Excellence	Contact Elizabeth C. Haller	Phone 241-4284 335-0565

9473 541

10. OFFICE
Office Director Approval Signature: *Margaret Galloway* Date: 12/17/03
Phone: 14185 Comments:

11. BUDGET OFFICE
Budget Office Approval Signature: *n/t* Date: _____
Comments:

12. GRANTS OFFICE
Grants Office Approval Signature: *Mary Ann Chubb* Date: 12/19/03
Comments:

Exhibits B and C are not required

13. DEPUTY SUPERINTENDENT
Deputy Superintendent Approval Signature: *Jeremy M. Hughes* Date: 1-11-04
Comments:

14. SUPERINTENDENT
Superintendent Approval Signature: *JW* Date: _____
Comments:

INSTRUCTIONS:

- A Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.
Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.
Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
Exhibit C---Map of Michigan indicating the location of recommended applicants.

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 Grant Administration Unit.

**2003-2004 Special Projects Grants
Under Centers for Disease Control and Prevention
Funding for FY 2004**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan Department of Community Health – Cancer Section	\$10,031	\$10,031