

GRANT OFFICE USE ONLY

Notification to ITS:

Initials:

GRANT AWARD APPROVAL FORM

| | | | |
|--|---|--|---|
| 1. Official Name of Grant Program: | | Date of SBE approval of grant criteria * * 9-12-02 and 2-10-04 | |
| 2003 - 2004 (years) | Freedom to Learn (FTL) (title) | <input type="checkbox"/> Initial (type) | <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation |
| Legislation Authorizing this Grant Program: Section 98b of PA 158 of 2003 and Title II, Part D of NCLB | | | |
| <input checked="" type="checkbox"/> Federal Grant CFDA Number 84.318X | | <input type="checkbox"/> State Grant <input type="checkbox"/> Other (Private, Foundation) | |
| 2. Type and Purpose of Grant Program: (check one) The purpose of this program is to build on the wireless technology pilot project to expand wireless learning opportunities to public and private school sixth graders in the state and to provide multiple opportunities and resources for professional development. | | <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other _____ (specify) | |
| 3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply) | | | |
| <u>Priorities</u> | | <u>Policies</u> | |
| <input type="checkbox"/> Integrating Communities and Schools | <input type="checkbox"/> Elevating Educational Leadership | <input type="checkbox"/> Bullying | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Embracing the Information Age | <input checked="" type="checkbox"/> Ensuring Early Childhood Literacy | <input checked="" type="checkbox"/> Creating Effective Learning Environments | _____ (specify) |
| <input checked="" type="checkbox"/> Ensuring Excellent Educators | | <input type="checkbox"/> Family Involvement | |
| | | <input type="checkbox"/> Safe Schools | |
| 4. Grant Categories (if not described in Item 2): <input type="checkbox"/> NOT APPLICABLE Cycle 3 award winners. | | | |
| 5. Target Population to be Served by Grant: Districts serving those among the highest numbers or percentages of children from families with incomes below the poverty line and serving one or more schools not meeting Adequate Yearly Progress (AYP) are targeted. Districts designated as demonstration sites in the 2002-03 pilot program are eligible for continuation funding. | | | |
| 6. Total Funds Awarded: | | | |
| Previous award: \$24,716,350 | | Additional Award: \$176,600 | |
| Total Award: \$24,892,950 | | | |
| 7. Eligible Applicants: Districts serving those among the highest numbers or percentages of children from families with incomes below the poverty line and serving one or more schools not meeting Adequate Yearly Progress (AYP) are targeted. | | | |
| 8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE | | | |
| 9. Grant Administration: | | | |
| Office Michigan Virtual University | Unit | Contact Dr. Bruce Montgomery | Phone 517/664-5462 |

Handwritten signature

7938 822

RECEIVED
SEP 08 2004
Dept Supt for Admin

| | | |
|---------------------------|---|----------------------|
| 10. OFFICE | Office Director Approval Signature: <u>Marylin Chute</u> | Date: <u>9-7-04</u> |
| | Phone: _____ | Comments: _____ |
| 11. BUDGET OFFICE | Budget Office Approval Signature: <u>N/T</u> | Date: _____ |
| | Comments: _____ | |
| 12. GRANTS OFFICE | Grants Office Approval Signature: <u>Mary A Chute</u> | Date: <u>9-7-04</u> |
| | Comments: _____ | |
| 13. DEPUTY SUPERINTENDENT | Deputy Superintendent Approval Signature: <u>Elaine Madigan</u> | Date: <u>9-8-04</u> |
| | Comments: _____ | |
| 14. SUPERINTENDENT | Superintendent Approval Signature: <u>TW</u> | Date: <u>9-13-04</u> |
| | 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.
- 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 Grant Administration Unit.

Michigan Department of Education/
Michigan Virtual University
2003-04 Freedom to Learn Program
Proposals Recommended for Funding

| <u>FTL SITE</u> | <u>AMOUNT REQUESTED</u> | <u>AMOUNT RECOMMENDED</u> |
|--------------------------|-----------------------------|-------------------------------|
| Baraga Area Schools | \$45,000 | \$45,000 |
| Pine River Area Schools | \$98,000 | \$98,000 |
| Sunrise Education Center | \$ 4,200 | \$ 4,200 |
| Vanderbilt Area Schools | \$29,400 | <u>\$29,400</u> |
| | TOTAL | \$176,600 |