

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** 6-8-04

**2004 - 2005** Special Projects Grants Under Centers for Disease Control and Prevention Funding for FY 2005  
 (years) (title)  Initial  Amendment  Continuation  
 (type)

Legislation Authorizing this Grant Program:  
 Federal Grant CFDA Number 93.938  State Grant  Other (Private, Foundation)

**2. Type and Purpose of Grant Program: (check one)**  
 Special project school health negotiated 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 and policies in schools and communities; and build partnerships among key stakeholders in health and education in order to reduce risk for skin cancer and promote sun safety among youth.  
 Competitive  Formula  Other  
 Designated \_\_\_\_\_  
 (specify)

**3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)**

<u>Priorities</u>	<u>Policies</u>	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Integrating Communities and Schools	<input type="checkbox"/> Bullying	_____ (specify)
<input checked="" type="checkbox"/> Elevating Educational Leadership	<input type="checkbox"/> Character Education	
<input type="checkbox"/> Embracing the Information Age	<input checked="" type="checkbox"/> Creating Effective Learning Environments	
<input type="checkbox"/> Ensuring Early Childhood Literacy	<input type="checkbox"/> Family Involvement	
<input checked="" type="checkbox"/> Ensuring Excellent Educators	<input type="checkbox"/> Safe Schools	

**4. Grant Categories (if not described in Item 2):**  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: \$ 301,500	New award: \$ 135,800	Total grants awarded: \$ 437,300
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**7. Eligible Applicants:**  
 Designated applicants are: Governor's Council on Physical Fitness, Health and Sports/Michigan Fitness Foundation, Michigan Council for Maternal and Child Health, Michigan Department of Community Health, Michigan Congress of Parents, Teachers, and Students, American Cancer Society, Michigan Public Health Institute, Inter-Tribal Council of Michigan, and Michigan AIDS Fund.

**8. Description of Priorities Given to Any Specific Population or Location:**  NOT APPLICABLE

**9. Grant Administration:**

<u>Office</u> Grants Coordination and School Support	<u>Unit</u> Coordinated School Health and Safety Programs	<u>Contact</u> Elizabeth C. Haller Supervisor
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RECEIVED  
 Phone: 241-4284  
 335-0565  
 NOV 13 2004  
 Dept Supt for Admin

10. OFFICE  
Office Director Approval Signature: Mary Ann Charbono Date: 11/15/04  
Phone: \_\_\_\_\_ Comments: \_\_\_\_\_

11. BUDGET OFFICE  
Budget Office Approval Signature: N/A Date: #  
Comments: \_\_\_\_\_

12. GRANTS OFFICE  
Grants Office Approval Signature: Mary Ann Charbono Date: 11/16/04  
Comments: Exhibits B and C are not required

13. DEPUTY SUPERINTENDENT  
Deputy Superintendent Approval Signature: Carol Wolsberg Date: 11/18/04  
Comments: \_\_\_\_\_

14. SUPERINTENDENT  
Superintendent Approval Signature: Tom Lait Date: 11/24/04  
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.

**2004-2005 Special Projects Grants  
Under Centers for Disease Control and Prevention  
Funding for FY 2005**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan Department of Community Health	\$ 100,000	\$ 100,000
Governor's Council on Physical Fitness, Health, and Sports/Michigan Fitness Foundation	\$ 35,800	\$ 35,800