

RECEIVED

GRANT AWARD APPROVAL FORM

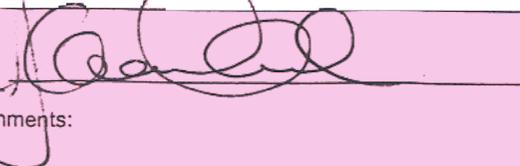
MAY 21 2004

CHIEF ACADEMIC OFFICER

GRANT OFFICE USE ONLY
Notification to ITS:
Initials:

1. Official Name of Grant Program:		Date of SBE approval of grant criteria 8/8/02	
2003 - 04 (years)	Supplemental Educational Service Providers (title)	<input type="checkbox"/> Initial (type)	<input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Continuation
Legislation Authorizing this Grant Program:			
<input type="checkbox"/> Federal Grant CFDA Number		<input type="checkbox"/> State Grant <input type="checkbox"/> Other (Private, Foundation)	
2. Type and Purpose of Grant Program: (check one) Title I of NCLB requires state educational agencies to approve providers of supplemental educational services and to maintain and disseminate an approved list. Parents select providers from the state-approved list. Criteria for supplemental educational service providers were approved by the State Board of Education on August 8, 2002.			
		<input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other	
		Approval of Providers (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 type="checkbox"/> Elevating Educational Leadership	<input type="checkbox"/> Bullying	<input type="checkbox"/> Character Education
<input checked="" type="checkbox"/> Embracing the Information Age	<input type="checkbox"/> Ensuring Early Childhood Literacy	<input checked="" type="checkbox"/> Creating Effective Learning Environments	<input checked="" type="checkbox"/> Family Involvement
<input type="checkbox"/> Ensuring Excellent Educators		<input type="checkbox"/> Safe Schools	<input type="checkbox"/> Other (specify)
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE			
5. Target Population to be Served by Grant: Low-income students who are enrolled in Title I schools that have not made adequate yearly progress for three consecutive years.			
6. Total Funds Awarded: Not Applicable			
7. Eligible Applicants: Non-profit entities, for profit entities, institutions for higher education, intermediate school districts and local school districts that provide supplemental educational services in accordance with the State Board of Education approved criteria.			
8. Description of Priorities Given to Any Specific Population or Location: <input type="checkbox"/> NOT APPLICABLE If funding or service providers are not available for all eligible students, priority is given to the lowest-achieving eligible students.			
9. Grant Administration:			
<u>Office</u> Office of School Improvement	<u>Unit</u> Central Support	<u>Contact</u> Linda Brown	<u>Phone</u> 517-373-3921

9986 663

<p>10. OFFICE</p> <p>Office Director Approval Signature: _____</p> <p>Phone: _____</p> <p>Comments: _____</p>	 <p>Date: <u>5-14-04</u></p>
<p>11. BUDGET OFFICE</p> <p>Budget Office Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>N/A</u></p> <p>Date: _____</p>
<p>12. GRANTS OFFICE</p> <p>Grants Office Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Mary Ann Chantrel</u></p> <p>Date: <u>5/20/04</u></p> <p><u>Exhibit C not required.</u></p>
<p>13. DEPUTY SUPERINTENDENT</p> <p>Deputy Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Jeremy M. Hughes</u></p> <p>Date: <u>5-24-04</u></p>
<p>14. SUPERINTENDENT</p> <p>Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	 <p>Date: <u>5-25-04</u></p>

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.

Recommended Supplemental Educational Service Providers
May 17, 2004

Amicus II, Inc.
P.O. Box 14516
Detroit, MI 48214
313-499-0004

ExamExperts Learning Centers
45647 Fountain View Drive
Canton, MI 48188
313-831-2670

Failure Free Reading
140 Cabarrus Avenue West
Concord, NC 28025
704-786-7838

Institute for Educational Partners
215 S. Washington Sq., Suite 150
Lansing, MI 48933
517-485-2100

**Supplemental Educational Service Provider Applications
That Were Not Recommended for Approval
May 17, 2004**

**CIZ, Inc.
P.O. Box 13175
Detroit, MI 48213
313-921-1002**

**Covenant Educational Services Inc.
8308 Westwood
Detroit, MI 48228
313-846-3075**

**Crockett and Associates, Inc.
7515 Glen Terra Drive
Lansing, MI 48917
517-622-4025**

**Whitehall Public Schools - White Lake Community Education
541 E. Slocum Street
Whitehall, MI 49461
231-766-3001**