

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 6/13/02	
2002 - 2003 (years)	State Discretionary Project, Part B (title)	<input checked="" type="checkbox"/> Initial (type)	<input type="checkbox"/> Amendment <input type="checkbox"/> Continuation
Legislation Authorizing this Grant Program: P.L. 105-17 Individuals with Disabilities Education Act (IDEA)			
<input checked="" type="checkbox"/> Federal Grant CFDA Number 84.027A		<input type="checkbox"/> State Grant <input type="checkbox"/> Other (Private, Foundation)	
2. Type and Purpose of Grant Program: (check one)		<input checked="" type="checkbox"/> Competitive	
To provide a statewide system of information, technical assistance, training, and support to assist schools in the development and implementation of school-wide research-based strategies for early identification and intervention of students at-risk for behavioral and academic failure. In addition, awareness and dissemination for school-wide approaches to positive behavior support is a continuous need across the state.		<input type="checkbox"/> Formula	
		<input type="checkbox"/> Other <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> (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"/> Bullying	
<input type="checkbox"/> Elevating Educational Leadership		<input type="checkbox"/> Character Education	
<input checked="" type="checkbox"/> Embracing the Information Age		<input checked="" type="checkbox"/> Creating Effective Learning Environments	
<input type="checkbox"/> Ensuring Early Childhood Literacy		<input checked="" type="checkbox"/> Family Involvement	
<input checked="" type="checkbox"/> Ensuring Excellent Educators		<input type="checkbox"/> Safe Schools	
<input type="checkbox"/> Other <hr style="width: 100%; border: 0; border-top: 1px solid black; margin: 0;"/> (specify)			
4. Grant Categories (if not described in Item 2): <input checked="" type="checkbox"/> NOT APPLICABLE			
5. Target Population to be Served by Grant: Students with disabilities and their stakeholders			
6. Total Funds Awarded: Up to \$500,000			
7. Eligible Applicants: Local Education Agencies (LEAs), Intermediate School Districts (ISDs), Institutions of Higher Education (IHEs), and Private Profit and Non-Profit Organizations			
8. Description of Priorities Given to Any Specific Population or Location: <input checked="" type="checkbox"/> NOT APPLICABLE			
9. Grant Administration:			
<u>Office</u> Office of Special Education and Early Intervention Services	<u>Unit</u> Finance and Program Management	<u>Contact</u> Linda Domine	<u>Phone</u> 373-6309

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<p>10. OFFICE</p> <p>Office Director Approval Signature: <u><i>Jacqueline Thompson</i></u> Date: <u>1-28-03</u></p> <p>Phone: <u>39433</u> Comments:</p>
<p>11. BUDGET OFFICE</p> <p>Budget Office Approval Signature: <u>N/A</u> Date: _____</p> <p>Comments:</p>
<p>12. GRANTS OFFICE</p> <p>Grants Office Approval Signature: <u><i>Mary Ann Chertok</i></u> Date: <u>1/29/03</u></p> <p>Comments:</p> <p><i>Exhibit C is not required.</i></p>
<p>13. DEPUTY SUPERINTENDENT</p> <p>Deputy Superintendent Approval Signature: <u><i>Elaine M. Malygo</i></u> Date: <u>2-5-03</u></p> <p>Comments:</p>
<p>14. SUPERINTENDENT</p> <p>Superintendent Approval Signature: <u><i>Tom Gathis</i></u> Date: <u>3-17-03</u></p> <p>Comments:</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.

Exhibit A

2002-2003 State Discretionary Project  
Under Individuals with Disabilities Education Act (IDEA) Part B

**Integrated Behavior and Learning Support**

<u>Recipient</u>	<u>Amount Recommended</u>
Macomb ISD	up to \$500,000

Purpose

This grantee is recommended to directly receive \$400,000 to provide a statewide system of information, technical assistance, training, and support to assist schools in the development and implementation of school-wide research-based strategies for early identification and intervention of students at-risk for behavioral and academic failure. In addition, awareness and dissemination for school-wide approaches to positive behavior support is a continuous need across the state. While some schools have effectively implemented strategies for positive behavior support, as well as problem-solving teams for academic interventions, many others including those identified as chronically under-performing, remain in need of assistance.

The grantee will serve as a fiscal agent for the remaining \$100,000 to provide targeted assistance in supporting specifically identified schools as well as serving the population of students with disabilities as determined by the Michigan Department of Education. This will help achieve the Michigan State Board of Education Strategic Goal to attain substantial and meaningful improvement in academic achievement for all students/children with primary emphasis on chronically under performing schools and students.

**Exhibit B**

**2002-2003 State Discretionary Project  
Not Recommended Under the Individuals with Disabilities Education Act (IDEA), Part B**

**Applicant**

**Amount Requested**

**Eastern Michigan University**

**\$500,000**

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