

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
 Initial Amendment Continuation
(years) (title) (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:	New award:	Total grants awarded:
\$ 0	\$25,464	\$25,464

7. Eligible Applicants:
Designated applicants are: Governor's Council on Physical Fitness, Health and Sports/Michigan Fitness Foundation and the Michigan Council for Maternal and Child Health

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

9. Grant Administration:

<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Grants Coordination and School Support	Coordinated School Health and Safety Programs	Elizabeth C. Haller Supervisor	241-4284 335-0565

7856

743

RECEIVED
JUL 22 2004
Dept Supt for Admin

<p>10. OFFICE</p> <p>Office Director Approval Signature: _____</p> <p>Phone: _____</p>	<p><u>Mary Ann Chastel</u></p> <p>Comments: _____</p>	<p>Date: <u>7-22-04</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 Chastel</u></p> <p><u>Exhibits B and C are not required.</u></p>	<p>Date: <u>7-22-04</u></p>
<p>13. DEPUTY SUPERINTENDENT</p> <p>Deputy Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>Paul Wooten</u></p>	<p>Date: <u>7-22-04</u></p>
<p>14. SUPERINTENDENT</p> <p>Superintendent Approval Signature: _____</p> <p>Comments: _____</p>	<p><u>[Signature]</u></p>	<p>Date: <u>7-23-04</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.

**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>
Governor's Council on Physical Fitness, Health, and Sports/Michigan Fitness Foundation	\$22,464	\$22,464
Michigan Council for Maternal and Child Health	\$ 3,000	\$ 3,000