

GRANT AWARD APPROVAL FORM

SOURCE OF GRANT FUNDS RECEIVED

1. Official Name of Grant Program:

_____ - _____
(year) (year) (title)

Use of Funding Source: Initial Amendment Continuation Multiple Years: Year _____ of _____

Legislation Authorizing This Grant Program:

Federal Grant: CFDA Number State Grant: Section Number Other (specify)

2. Grant Criteria Approval:

Date: _____

(select type and add date)

SBE Priorities, Policies, and Programs that this Grant Supports:

MDE DISTRIBUTION OF GRANT FUNDS

3. Background/Purpose of Grant Program:

Type of MDE Grant Distribution: (check one)

Competitive
Formula
Other: (specify below)

Type of Award from MDE: (check all applicable)

Initial (Exhibit A)
Revised (Exhibit A)
Conditional (Exhibit A)
Denial (Exhibit B)

4. Eligible Applicants:

Type of Notification from MDE: (check any)

Letter
Mail-merge Letter
MEGS+
Other: (specify below)

5. Target Population Served by this Grant:

6. Award Information:

Original Award Date: _____

Original Award Amount:

\$ _____

Amendment Date(s):

Amendment Amount(s):

\$ _____

\$ _____

\$ _____

\$ _____

Total Recommended
Award to Date:

7. Responsible Office:

Contact Name

Phone Number

This Form Was Prepared by:

Phone Number:

**Michigan Department of Education
Office of Great Start/Preschool and Out-of-School Time Learning
2018-2019 21st Century Community Learning Centers Grant Program
Amendment**

<u>Applicant</u>	<u>Project</u>	<u>Sites</u>	<u>Previous Amount</u>	<u>Amended Amount</u>	<u>Recommended Award</u>
<i>Cohort: J</i> Muskegon Oceana Community Action Partnership	J17014	1	\$135,000	(\$135,000)	\$0
TrueNorth Community Services	J17014N	1	\$0	\$135,000	\$135,000
	Total:	1	\$135,000	\$0	\$135,000