

Michigan Department of Education

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)

4. Eligible Applicants:

Type of Award from MDE: (check all applicable)

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

5. Target Population Served by this Grant:

Type of Notification from MDE: (check any)

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

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
2019-2020 Evaluation for 21st Century Community Learning Centers
(21st CCLC) Program

Exhibit A

Applicant Recommended for Conditional Funding

<u>Applicant</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan State University	469,359	469,359
Total:		\$ 469,359