

**Michigan Department of Education**

**GRANT AWARD APPROVAL FORM**

**SOURCE OF GRANT FUNDS RECEIVED**

1. Official Name of Grant Program:

\_\_\_\_\_-\_\_\_\_\_  
(year) (year) (title)

Outcomes of LGBTQ Students

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:

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  
School Health and Safety**

Exhibit A

**2018-19 Grant Programs to Build the Capacity of Michigan Schools to  
Impact the Health, Wellbeing and Educational Outcomes  
of LGBTQ Students**

**Applicant Recommended for Funding**

<b><u>Applicant</u></b>	<b><u>Amount Requested</u></b>	<b><u>Amount Recommended</u></b>
Michigan Organization on Adolescent Sexual Health	162,778	162,778
<b>Total:</b>	<b>\$ 162,778</b>	<b>\$ 162,778</b>