

COMPLETION: Voluntary. (Consideration for funding will not be possible if form is not filed.)

Direct questions regarding this form to Christine Reiff, (517) 241-0260.

MIDDLE COLLEGE HEALTH PARTNERSHIP GRANT

APPLICANT INFORMATION

TYPE OR PRINT:

APPLICANT	Legal Name of District	District Code	
	Address of District		
	City and Zip Code	Name of County	
CONTACT PERSON	Name of Contact Person	Title	Telephone (Area Code and Number)
	Address	City	Zip Code
	E-Mail Address	Facsimile (Area Code and Number)	

GRANT FUNDS REQUESTED: \$ _____

ASSURANCES AND CERTIFICATION: By signing the assurances and certifications statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 2 and 3, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

DATE _____ SUPERINTENDENT OR AUTHORIZED OFFICIAL _____ SIGNATURE _____

TYPED NAME/TITLE _____

MAILING INSTRUCTIONS: Return this form to the Michigan Department of Education at the address shown above. The application with original signatures and five copies must be postmarked **no later than October 6, 2008**.

NOTE: Applications may no longer be hand delivered. Late applications will NOT be considered.

ASSURANCES AND CERTIFICATIONS STATE PROGRAMS

- **INSTRUCTIONS: Please review the assurances and certification statements that are listed below. Sign and return this page with the completed application.**

ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: “These materials were developed under a grant awarded by the Michigan Department of Education.”

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES (for Title II applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, “No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity.” In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES (for Title III applicants only)

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title III of the ADA for the program or service for which they receive a grant.

SPECIFIC PROGRAM ASSURANCES

The following provisions are understood by the recipients of the grants should it be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with the budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Office of Career and Technical Preparation unit of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Payments made under the provision of this grant are subject to audit by the grantor.

CERTIFICATION FOR PARTICIPATION AS GRANT MEMBER

Consortia must consist of an ISD or a district of the first class, a state public community college or university, and an accredited hospital. List all participating consortium members below. Signature by the authorized representative indicates that the grant member will work cooperatively with the administrative and fiscal agent for this project and will ensure students from their district will be permitted to enroll in the middle college with the accompanying transfer of the student's per-pupil foundation allowance.

---CERTIFICATION OF AGENCY DESIGNATED ADMINISTRATIVE AND FISCAL AGENT FOR THIS PROJECT---

Legal Name of Agency	District Code	Name and Title of Authorized Representative	
Mailing Address (Street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address (If different from agency address)	

CERTIFICATION OF PARTICIPATING AGENCY

Legal Name of Agency	District Code	Name and Title of Authorized Representative	
Mailing Address (Street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address (If different from agency address)	

CERTIFICATION OF PARTICIPATING AGENCY

Legal Name of Agency	District Code	Name and Title of Authorized Representative	
Mailing Address (Street)		Signature	
City	Zip Code	Telephone (Area Code and Number)	Date Signed
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City	Zip Code	Telephone (Area Code and Number)	Date Signed
Name and Title of Contact Person		Mailing Address (If different from agency address)	

MIDDLE COLLEGE HIGH SCHOOL HEALTH PARTNERSHIP GRANT BUDGET APPROVAL FORM

INSTRUCTIONS: The Budget Summary and the Budget Detail must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY

LEGAL NAME OF APPLICANT					
DISTRICT CODE	GRANT NUMBER	PROJECT NUMBER	PROJECT TYPE	ENDING DATE	FY of Approved Activity
	Sec. 64	0809	<input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> CARRYOVER	09 30 09	2008

BUDGET: OBJECTS:

FUNCTION CODE	FUNCTION TITLE	SALARIES	BENEFITS	PURCHASED SERVICES	SUPPLIES & MATERIALS	CAPITAL OUTLAY	OTHER EXPENDITURES	TOTAL EXPENDITURES
110	Instruction -- Basic Programs							
120	Instruction -- Added Needs							
130	Instruction -- Adult/Continuing Ed.							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
253	Facility Acquisition & Construction Services							
	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
	SUBTOTAL							
	Indirect Costs _____ % Restricted Rate							
	TOTAL							

TRANSACTION PURPOSE:	*AMOUNT OF CHANGE (Use minus sign preceding decreases)
<input checked="" type="checkbox"/> Original	
<input type="checkbox"/> Amendment*	\$ _____

2. BUDGET DETAIL

Explain each line item that appears on the Budget Summary, using the indicated function code and title, on a plain sheet. *(Provide attachment(s) as needed.)*

DATE	PROJECT CONTACT PERSON	SIGNATURE
DATE	PROJECT CONTACT PERSON	SIGNATURE
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