

Michigan Department of Education
OFFICE OF EARLY CHILDHOOD EDUCATION AND FAMILY SERVICES
P.O. Box 30008
Lansing, Michigan 48909

COMPLETION: Voluntary. (Failure to file will result in loss of funding.)

Direct questions regarding this form to Early On® (517) 241-1521.

**FY 2009-2010 Federal Grant Contract Application
for the Early Intervention Program for
Infants and Toddlers with Disabilities**

PROJECT IDENTIFICATION	ISD Name		District Code
	Contact Person		
	Telephone Number	Fax Number	
	Early On® Coordinator (if different)		
	Telephone Number	Fax Number	
	Address		
	City	State	Zip Code
	Email Address		

I certify that the information submitted in this contract update is true and correct to the best of my knowledge. The budget was prepared cooperatively by the Program and Business Offices.

Name of Superintendent or Authorized Official

Date

Name of the LICC Chair

Date

**Michigan Department of Education
Office of Special Education and Early Intervention Services
GRANT BUDGET APPROVAL FORM**

INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY - REGULAR

Legal Name of Applicant

Recipient Code	Funding Source Code	Project Number	Project Type	Ending Date	Fiscal Year	Date
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FUNCTION CODE	FUNCTION TITLE	SALARIES	BENEFITS	PURCHASED SERVICES	SUPPLIES & MATERIALS	CAPITAL OUTLAY	OTHER EXPENDITURES	TOTAL EXPENDITURES
122	Instructional Services							
213	Health Services							
213	Medical Services							
213	Nursing Services							
213	Nutritional Services							
213	Occupational Therapy							
213	Physical Therapy							
214	Psychological Services							
214	Mental Health Services							
215	Speech Pathology and Audiology Services							
215	Audiology							
216	Social Work Services							
217	Visual Aid Services							
218	Teacher Consultant							
219	Other Child Support Services							
219	Child Support Services-Assistive Technology							
221	Improvement of Instruction							
226	Supervision or Coor Services							
231	Board of Education Adjust							
261	Operating Building Services							
271	Pupil Transportation Services							
281	Research/Evaluation							
283	Staff/Personnel Services							
391	Other Community Services							
391	Community Support							
391	Family Training and Counseling							
391	Payor of Last Resort							
391	Service Coordination							
411	Outgoing Transfers							
							SUBTOTAL	
Indirect Charges (% Restricted Rate)								
TOTAL EXPENDITURES								

**EARLY ON® MICHIGAN
CAPITAL OUTLAY REQUEST FORM
FY 2009-2010**

ISD/Agency _____ District Code _____
LEA _____ District Code _____

ITEM	QUANTITY	TOTAL COST	RATIONALE/USE	STATE USE

Capital Outlay – Equipment valued at \$5,000.00 or more used only for instruction of special education eligible students.

EARLY ON® MICHIGAN
LICC MEMBERSHIP
FY 2009-2010

ISD/Agency _____ District Code _____

Name _____

Title _____ If parent, age of child who is or was in Early On _____

Agency _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Email _____

Did this person help develop the application? Yes No

Name _____

Title _____ If parent, age of child who is or was in Early On _____

Agency _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Email _____

Did this person help develop the application? Yes No

Name _____

Title _____ If parent, age of child who is or was in Early On _____

Agency _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Email _____

Did this person help develop the application? Yes No

Name _____

Title _____ If parent, age of child who is or was in Early On _____

Agency _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Email _____

Did this person help develop the application? Yes No

Name _____

Title _____ If parent, age of child who is or was in Early On _____

Agency _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Email _____

Did this person help develop the application? Yes No

**EARLY ON® MICHIGAN
SERVICE AREA PLAN
FY 2009-2010**

ISD/Agency

District Code

- | | | |
|--|---|---|
| <input type="checkbox"/> Eligibility/At Risk, CFR 303.16 | <input type="checkbox"/> Natural Environments, CFR 303.12 | <input type="checkbox"/> Central Directory, CFR 303.301 |
| <input type="checkbox"/> Public Awareness, CFR 303.320 | <input type="checkbox"/> Comprehensive Child Find, CFR 303.321 | <input type="checkbox"/> Timelines: IFSP, CFR 303.342; Transition, CFR 303.148; Referral, CFR 303.321 |
| <input type="checkbox"/> Transition, CFR 303.344 & 303.148 | <input type="checkbox"/> Procedural Safeguards, CFR 303.400-406 | <input type="checkbox"/> Eval and Assessment, CFR 303.345; Non-Discriminatory, CFR 303.323 |
| <input type="checkbox"/> Service Coordination, CFR 303.22 | <input type="checkbox"/> IFSP, CFR 303.344 | <input type="checkbox"/> LICC State Plan |
| <input type="checkbox"/> Data Collection, CFR 303.540 | <input type="checkbox"/> CSPD, CFR 303.360 | <input type="checkbox"/> Underserved Populations, CFR 303.128 |

**EARLY ON® MICHIGAN
CONSENT OF COLLABORATION
FY 2009-2010**

ISD/Agency _____ **District Code** _____

Each of the undersigned has read and agrees to the Early On® Michigan Collaborative Requirements included in this contract application and certifies that: to the best of his/her knowledge the information contained in this contract application is correct and complete, the service areas which he/she represents has authorized him/her to review this contract application, and such authorization is hereby documented.

CHAIRPERSON LOCAL INTERAGENCY COORDINATING COUNCIL (LICC)

Name of LICC Chairperson (or non-education alternate)		Title	
District Affiliation of LICC Chairperson			
Address		City	Zip Code
Telephone	Fax	Email	
Signature			Date

PARENT MEMBER OF THE LOCAL INTERAGENCY COORDINATING COUNCIL

Parent's Name			
Address		City	Zip Code
Telephone	Fax	Email	
Signature			Date

CHAIRPERSON OF COMMUNITY COLLABORATIVES (CC)

Name of CC Chairperson (or alternate)		Title	
District Affiliation of CC Chairperson			
Address		City	Zip Code
Telephone	Fax	Email	
Signature			Date

EARLY ON® COORDINATOR

Name of Coordinator			
Address		City	Zip Code
Telephone	Fax	Email	
Signature			Date

**EARLY ON® MICHIGAN
INITIAL IFSP
FY 2009-2010**

ISD/Agency _____ District Code _____

Question 1: Based on the snapshot count from EETRK "Summary Profile for December 1, 2009 Collection date," how many Part C children in your local service area were counted?	
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1a. Total number of files to be reviewed: _____

All of the questions will require a file review.

The number of files your Service area needs to review is _____. This represents 10% of your infants and toddlers served, although the number may be no less than 10. Please be sure that at least ½ of the files you review are those of children who have entered Early On® since 12/1/08. The other ½ of the files you review should be of children who are either in the transition process or have transitioned out of Early On. You will use the transition files to answer questions 9 through 13. The other files should be used to answer the remaining review questions.

Section 1: Initial IFSP

1b. Minimum number of files to be reviewed for initial IFSP questions: _____

Question 2: How many files, with entry dates of 12/01/08 or later, were actually reviewed for timely services and 45 day timeline?	
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Question 3: Of the reviewed files with entry dates of 12/1/08 or later, how many showed that all services had been initiated within 30 days of parental consent?	
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Target is 100% ___% in compliance

Question 4: Of the _____ children who did not receive all listed services within 30 days of parental consent, how many records contained documentation of exceptional family circumstances?	
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Target is 100% ___% in compliance

Question 5: How many children had their evaluation completed within 45 days?	
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Target is 100% ___% in compliance

Question 6: How many children had an initial IFSP meeting within 45 days of referral?	
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Target is 100% ___% in compliance

Question 7: How many children had an evaluation and an initial IFSP meeting within 45 days of referral?	
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Target is 100% ___% in compliance

Question 8: Of the _____ children who did not receive an evaluation and an initial IFSP meeting within 45 days of referral, how many records contained documentation of exceptional family circumstances?	
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Target is 100% ___% in compliance

**EARLY ON® MICHIGAN
TRANSITION
FY 2009-2010**

ISD/Agency _____ District Code _____

Minimum number of files to be reviewed for initial IFSP questions: _____

<p>Question 9: How many files were actually reviewed for transition information?</p>	
<p>Question 10: Of the files reviewed for transition, in question 9, how many include a written transition plan, including transition steps and services?</p> <p>Target is 100% ____% in compliance</p>	
<p>Question 11: How many children, from the transition files reviewed, are eligible or potentially eligible Special Education Part B?</p>	
<p>Question 12: Of the children who are eligible or potentially eligible for Special Education Part B, for how many was a transition conference held at least 90 days (prior to 33 months of age) prior to the child's third birthday?</p> <p>Target is 100% ____% in compliance</p>	
<p>Question 13: Of the children who were eligible or potentially eligible for Special education Part B and did not have a transition conference held at least 90 days (prior to 33 months of age) prior to the child's third birthday, how many of the records have documentation of exceptional family circumstances?</p> <p>Target is 100% ____% in compliance</p>	

EARLY ON® MICHIGAN
REVISIONS TO SERVICE AREA PLAN
FY 2009-2010

ISD/Agency

District Code

- | | | |
|--|---|---|
| <input type="checkbox"/> Eligibility/At Risk, CFR 303.16 | <input type="checkbox"/> Natural Environments, CFR 303.12 | <input type="checkbox"/> Central Directory, CFR 303.301 |
| <input type="checkbox"/> Public Awareness, CFR 303.320 | <input type="checkbox"/> Comprehensive Child Find, CFR 303.321 | <input type="checkbox"/> Timelines: IFSP, CFR 303.342; Transition, CFR 303.148; Referral, CFR 303.321 |
| <input type="checkbox"/> Transition, CFR 303.344 & 303.148 | <input type="checkbox"/> Procedural Safeguards, CFR 303.400-406 | <input type="checkbox"/> Eval and Assessment, CFR 303.345; Non-Discriminatory, CFR 303.323 |
| <input type="checkbox"/> Service Coordination, CFR 303.22 | <input type="checkbox"/> IFSP, CFR 303.344 | <input type="checkbox"/> LICC State Plan |
| <input type="checkbox"/> Data Collection, CFR 303.540 | <input type="checkbox"/> CSPD, CFR 303.360 | <input type="checkbox"/> Underserved Populations, CFR 303.128 |
| <input type="checkbox"/> No changes were made | | |