

APPLICATION COVER SHEET
SCHOOL IMPROVEMENT GRANTS

<p>Legal Name of Applicant:</p> <p>Michigan Department of Education</p>	<p>Applicant's Mailing Address:</p> <p>P.O. Box 30008 Lansing, MI 48909</p>
<p>State Contact for the School Improvement Grant (SIG)</p> <p>Name: Bill Witt</p> <p>Position and Office: Supervisor, School Improvement Support, Office of Education Improvement and Innovation</p> <p>Contact's Mailing Address:</p> <p>P.O. Box 30008 Lansing, MI 48909</p> <p>Telephone: 517-335-2957</p> <p>Fax: 517-241-0247</p> <p>Email address: wittb1@michigan.gov</p>	
<p>Chief State School Officer (Printed Name):</p> <p>Brian J. Whiston</p>	<p>Telephone:</p> <p>517-241-3232</p>
<p>Signature of the Chief State School Officer:</p> <p>X </p>	<p>Date:</p> <p></p>
<p>The State, through its authorized representative, agrees to comply with all requirements applicable to the School Improvement Grants program, including the assurances contained herein and the conditions that apply to any waivers that the State receives through this application.</p>	