



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

ATTACHMENT 1

Uniform Application for State Grant Assistance

Agency Completed Section		
1.	Type of Submission	<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date/Time Received by State <i>Completed by State Agency upon Receipt of Application</i>	
4.	Name of the Awarding State Agency	Illinois State Board of Education
5.	Catalog of State Financial Assistance (CSFA) Number	586-44-2222
6.	CSFA Title	Early Childhood Block Grant - Early Childhood - Preschool for All Expansion
Catalog of Federal Domestic Assistance (CFDA)		<input checked="" type="checkbox"/> Not applicable (No federal funding)
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	23-3705-PE
12.	Funding Opportunity Title	Early Childhood Block Grant
13.	Funding Opportunity Program Field	
Competition Identification		<input checked="" type="checkbox"/> Not Applicable
14.	Competition Identification Number	
15.	Competition Identification Title	

**Uniform Application for State Grant Assistance
Illinois State Board of Education**

Applicant Completed Section

APPLICANT NAME (District Name and Number, if applicable)	REGION COUNTY DISTRICT TYPE CODE
----------------------------------------------------------	----------------------------------

16.	Legal Name (Name used for UEI registration and grantee prequalification)	
17.	Common Name (DBA)	
18.	Employer/Taxpayer Identification Number (EIN, TIN)	
19.	Organizational UEI Number	
20.	SAM CAGE Code	
21.	Business Address (Street, City, State, County, ZIP Code + 4)	

Applicant's Organizational Unit

22.	Department Name	
23.	Division Name	

Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application

24.	First/Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number <i>(Include Area Code)</i>	
29.	Fax Number <i>(Include Area Code)</i>	
30.	Email Address	

Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application

31.	First/Last Name	
32.	Suffix	
33.	Title	
34.	Organizational Affiliation	
35.	Telephone Number <i>(Include Area Code)</i>	
36.	Fax Number <i>(Include Area Code)</i>	
37.	Email Address	

**Uniform Application for State Grant Assistance
Illinois State Board of Education**

Applicant Completed Section (Continued)

Areas Affected

40.	Areas Affected by the Project (cities, counties, state-wide) <i>Add Attachments (e.g., maps), if needed</i>	
41.	Legislative and Congressional Districts of Applicant	
42.	Legislative and Congressional Districts of Program / Project <i>Attach an additional list, if needed</i>	

Applicant's Project

43.	Description Title of Applicant's Project <i>Text only for the title of the applicant's project.</i>	
44.	Proposed Project Term	Start Date: _____ End Date: _____
45.	Estimated Funding <i>(Include all that apply)</i>	<input type="checkbox"/> Amount Requested from the State: \$ _____ <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): \$ _____ <input type="checkbox"/> Local Contribution: \$ _____ <input type="checkbox"/> Other Source of Contribution: \$ _____ <input type="checkbox"/> Program Income: \$ _____ <input type="checkbox"/> Total Amount: \$ _____

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

I agree

Authorized Representative

46.	First/Last	
47.	Suffix	
48.	Title	
49.	Telephone Number <i>(Include Area Code)</i>	
50.	Fax Number <i>(Include Area Code)</i>	
51.	Email Address	
53.	Signature of Authorized Representative	
54.	Date Signed	



Illinois State Board of Education

Early Childhood Department
100 North First Street, E-225
Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

APPLICANT OVERVIEW

DIRECTIONS: Complete the following Proposal information for the designated administrative agent. Include information specific to this application only.

PROPOSED PRESCHOOL FOR ALL EXPANSION PROGRAM INFORMATION

_____	Number of children requested to be served in this Preschool for All Expansion application (include children with IEPs)	_____	Number of teaching staff with PEL and Early Childhood Endorsement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you applying for Preschool for All (separate application)?	_____	Number of paraprofessionals
_____	If yes, how many slots are being requested?	_____	Number of instructional leaders
_____	Number of children served in local Head Start (IECAM Data)	_____	Number of family educators
\$ _____	Dollar amount requested in this application	_____	Number of clerical staff
\$ _____	Cost per child requested in this application <i>(Dollar amount of proposal divided by Number of children served.)</i>	_____	Other: _____
		_____	Other: _____
		_____	Total number of staff

Will children in this application be in a:

- Half Day Session
- Full Day Session

What setting will the children in this application be served:

- Classroom
- Family Child Care Homes

What other funding do you receive to support the children in this application:

- Child Care Assistance Program (CCAP)
- Head Start (HS)
- Other _____

TYPE OF AGENCY (Check only one)

- | | | |
|---------------------------------------------------------|-------------------------------------------------------------|------------------------|
| <input type="checkbox"/> School District | <input type="checkbox"/> Child Care Center – Not-for-Profit | DCFS License No. _____ |
| <input type="checkbox"/> Regional Office of Education | <input type="checkbox"/> Child Care Center – For-Profit | DCFS License No. _____ |
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> Faith – Based Organization | |
| <input type="checkbox"/> Community – Based Organization | <input type="checkbox"/> Other _____ | |

Is this application written by an external grant writer (not employed by applicant)? Yes No

(Check one) Agency Staff Independent Contractor

Grant Writer

Superintendent/Authorized Agency Official

Typed Name of Grant Writer

Typed Name of Superintendent or Authorized Agency Official

Signature of Grant Writer

Signature of Superintendent or Authorized Agency Official

Date

Date



Illinois State Board of Education

Early Childhood Department
100 North First Street, E-225
Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

JOINT APPLICATION

All joint recipients for funding must complete the joint application form.

Number of district
in Joint Application _____

DIRECTIONS: If joint application, enter below the information requested for the participating school districts/entities.

SCHOOL DISTRICT/ENTITY		NAME AND SIGNATURE OF AUTHORIZED OFFICIAL
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official



Illinois State Board of Education

Early Childhood Department
100 North First Street, E-225
Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

JOINT APPLICATION

DIRECTIONS: If joint application, enter below the information requested for the participating school districts/entities.

SCHOOL DISTRICT/ENTITY		NAME AND SIGNATURE OF AUTHORIZED OFFICIAL
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official



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FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 1 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 2 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 3 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 4 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 5 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 6 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 7 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 8 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 9 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 10 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 11 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
100 North First Street, E-225
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PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 12 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 13 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
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Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 14 in the Program Narrative section of the RFP.



Illinois State Board of Education

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FY 2024
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PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 15 in the Program Narrative section of the RFP.



Illinois State Board of Education

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PRESCHOOL FOR ALL EXPANSION

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 16 in the Program Narrative section of the RFP.



Illinois State Board of Education

Early Childhood Department
100 North First Street, E-225
Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

SITE INFORMATION

APPLICANT NAME (District Name and Number, if applicable)		REGION, COUNTY, DISTRICT, TYPE CODE	
Enter below the information requested for all proposed sites. ALL applicants must complete this section for all proposed sites. See the FY 24 ECBG Priority list linked in the RFP to complete this page.			
PROPOSED SITE LOCATION INFORMATION		SITE PROGRAMMING INFORMATION	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
CITY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
COUNTY		Program Hours per day _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		FTE Staff at this Site _____	
NAME OF SITE		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		Attendance Days per Year _____	
COUNTY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
DISTRICT IN WHICH THIS SITE IS LOCATED		Program Hours per day _____	
NAME OF SITE		FTE Staff at this Site _____	
CITY		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTY		Attendance Days per Year _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
NAME OF SITE		Program Hours per day _____	
CITY		FTE Staff at this Site _____	
COUNTY		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days per Year _____	
NAME OF SITE		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY		Program Hours per day _____	
COUNTY		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
CITY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
COUNTY		Program Hours per day _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		FTE Staff at this Site _____	
NAME OF SITE		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		Attendance Days per Year _____	
COUNTY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
DISTRICT IN WHICH THIS SITE IS LOCATED		Program Hours per day _____	
NAME OF SITE		FTE Staff at this Site _____	
CITY		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTY		Attendance Days per Year _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
NAME OF SITE		Program Hours per day _____	
CITY		FTE Staff at this Site _____	
COUNTY		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days per Year _____	
NAME OF SITE		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY		Program Hours per day _____	
COUNTY		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
CITY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
COUNTY		Program Hours per day _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		FTE Staff at this Site _____	
NAME OF SITE		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		Attendance Days per Year _____	
COUNTY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
DISTRICT IN WHICH THIS SITE IS LOCATED		Program Hours per day _____	
NAME OF SITE		FTE Staff at this Site _____	
CITY		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTY		Attendance Days per Year _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
NAME OF SITE		Program Hours per day _____	
CITY		FTE Staff at this Site _____	
COUNTY		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days per Year _____	
NAME OF SITE		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY		Program Hours per day _____	
COUNTY		FTE Staff at this Site _____	



Illinois State Board of Education

Early Childhood Department
100 North First Street, E-225
Springfield, Illinois 62777-0001

FY 2024
PRESCHOOL FOR ALL EXPANSION

EVALUATION DESIGN

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 17 in the Program Narrative section of the RFP.



Illinois State Board of Education

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PRESCHOOL FOR ALL EXPANSION

EVALUATION DESIGN

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 18 in the Program Narrative section of the RFP.

Initial Budget Amendment No. _____
 Revised Initial Budget Multi-district Application

ILLINOIS STATE BOARD OF EDUCATION
 Early Childhood Department
 100 North First Street, E-225
 Springfield, Illinois 62777-0001

**FY 2024 PRESCHOOL FOR ALL EXPANSION
 STATE BUDGET SUMMARY AND PAYMENT SCHEDULE**

Use whole dollars only. Omit Dollar Signs, Commas, and Decimal Places, e.g., 2536

ISBE USE ONLY	Please check: <input type="checkbox"/> COMPLETED Notice of State Award (NOSA) <input type="checkbox"/> COMPLETED Uniform Grant Agreement (UGA)	
	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	CURRENT FUNDS
	BEGIN DATE	END DATE

FISCAL YEAR 24	SOURCE OF FUNDS CODE 3705-PE	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
DISTRICT NAME AND NUMBER			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3) (Obj. 100s)	EMPLOYEE BENEFITS (4) (Obj. 200s)	PURCHASED SERVICES (5) (Obj. 300s)	SUPPLIES AND MATERIALS (6) (Obj. 400s)	CAPITAL OUTLAY (7) (Obj. 500s)	OTHER OBJECTS (8) (Obj. 600s)	NON-CAPITALIZED EQUIPMENT (9) (Obj. 700s)	TOTAL (11)	PAYMENT SCHEDULE
1	1000	Instruction									
2	2110	Attendance & Social Work Services									July-August
3	2120	Guidance Services									
4	2130	Health Services									September
5	2140	Psychological Services									
6	2150	Speech Pathology & Audiology Services									October
7	2210	Improvement of Instruction Services									
8	2220	Educational Media Services									November
9	2230	Assessment & Testing									
10	2300	General Administration									December
11	2400	School Administration									
12	2510	Direction of Business Support Services									January
13	2520	Fiscal Services									
14	2530	Facilities Acquisition and Construction									February
15	2540	Operation & Maintenance of Plant Services									
16	2550	Pupil Transportation Services									March
17	2560	Food Services									
18	2570	Internal Services									April
19	2610	Direction of Central Support Services									
20	2620	Planning, Research, Development & Evaluation Services									May
21	2630	Information Services									
22	2640	Staff Services									June
23	2660	Data Processing Services									
24	2900	Other Support Services									July-August
25	3000	Community Services									
26	3700	Nonpublic School Pupil Services									TOTAL
27	4000	Payments to Other Districts or Government Units									\$ _____
28	5000	Debt Services									
29	Total Direct Costs										
30	INDIRECT COSTS (Direct Cost X _____%*) **										
31	TOTAL BUDGET										

* Please manually calculate Direct Cost Percentage in Line 30.

** Contact the GATA Department for indirect cost restrictions.

_____ Date

_____ Original Signature of Superintendent or Administrator

_____ Date

_____ Original Signature of ISBE Division Administrator

**FY 2024 PRESCHOOL FOR ALL EXPANSION
BUDGET SUMMARY BREAKDOWN**

APPLICANT NAME (District Name and Number, if applicable)
REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Prior to preparing this Budget Summary Breakdown request, please refer to the “State and Federal Grant Administration Policy, Fiscal Requirements and Procedures” handbook that can be accessed at https://www.isbe.net/Documents/fiscal_procedure_handbk.pdf. Obligations of funds based on this budget request cannot begin prior to July 1, or receipt of a substantially approvable budget request, whichever is later.

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									

FY 2024 PRESCHOOL FOR ALL EXPANSION
BUDGET SUMMARY BREAKDOWN

APPLICANT NAME (District Name and Number, if applicable)
REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Prior to preparing this Budget Summary Breakdown request, please refer to the “State and Federal Grant Administration Policy, Fiscal Requirements and Procedures” handbook that can be accessed at https://www.isbe.net/Documents/fiscal_procedure_handbk.pdf. Obligations of funds based on this budget request cannot begin prior to July 1, or receipt of a substantially approvable budget request, whichever is later.

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									

**FY 2024 PRESCHOOL FOR ALL EXPANSION
BUDGET SUMMARY BREAKDOWN**

APPLICANT NAME (District Name and Number, if applicable)
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