

FEDERAL EMPLOYER IDENTIFICATION
NO. (FEIN)

ILLINOIS STATE BOARD OF EDUCATION
Career Development and Preparation
100 North First Street, E-240
Springfield, Illinois 62777-0001

FY 2008

ATTACHMENT 1

ISBE USE ONLY
GRANT AGREEMENT AMOUNT
\$
GRANT AGREEMENT NUMBER

**THE WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM (WECEP)
Submission Form/Grant Agreement**

This submission form/grant agreement is submitted to the Illinois State Board of Education ("ISBE") by the following institution or agency (the "Grantee"):

AGENCY/INSTITUTION NAME	PROGRAM NAME
SUPERINTENDENT OR RESPONSIBLE AGENT NAME AND ADDRESS	PHONE
	FAX
	E-MAIL
PROJECT DIRECTOR NAME AND ADDRESS	PHONE
	FAX
	E-MAIL
WECEP COORDINATOR NAME AND ADDRESS	PHONE
	FAX
	E-MAIL

Subject to all terms and conditions set forth herein, this form, and the documents specified below, shall constitute the grant agreement between the Grantee and ISBE for the use of the funds provided through WECEP (the "Grant Program"):

1. Fiscal Year 2008 WECEP Grant Program Budget (the "FY 08 Budget"). The FY 08 Budget shall consist of the proposed FY 08 budget submitted with the Grantee's funding application, as modified by the Grantee's Project Director and approved by ISBE.
2. Fiscal Year 2008 WECEP Grant Proposal (the "FY 08 Proposal"). The FY 08 Proposal shall consist of the FY 08 proposal submitted with the Grantee's funding application, as modified by the Grantee's Project Director and approved by ISBE.
3. The following certifications and assurances:
 - Certifications, Assurances and Standard Terms of the Grant
 - WECEP—Specific Terms of the Grant
4. Assurance that the Grant Program requirements will be followed as set forth in the FY 08 WECEP Grant Program guidelines.

Under this grant agreement, the Grantee will be authorized to implement and incur expenditures in accordance with the FY 08 Proposal from July 1, 2007, through June 30, 2008. This grant agreement will constitute the entirety of the agreement between the parties with respect to the Grant Program, and supersedes any other agreement or communication, whether written or oral. This grant agreement may not be amended or modified except in writing signed by the Grantee and ISBE, provided that the Grantee's Project Director shall be authorized to amend the FY 08 Budget and FY 08 Proposal with the prior written authorization of ISBE.

The person executing this form on behalf of the Grantee certifies and assures ISBE that (i) he or she has been duly authorized to file this application for and on behalf of the Grantee, and otherwise to act as the authorized representative of the applicant in connection with this grant agreement; and (ii) the Grantee's Project Director has the necessary legal authority to negotiate and agree to the FY 08 Budget and FY 08 Proposal (and any amendments thereto) on behalf of the Grantee.

The Grantee acknowledges and agrees that (i) execution of this form by the Grantee shall not entitle it to funding through the Grant Program, nor create an agreement between the Grantee and ISBE; and (ii) no agreement shall exist between ISBE and the Grantee in relation to the Grant Program until such time as the FY 08 Proposal has been accepted for funding by ISBE, ISBE has issued its final approval of the FY 08 Budget and FY 08 Proposal, and the grant agreement has been executed by all necessary ISBE signatories. Upon execution by all necessary ISBE signatories, a fully executed grant agreement shall be returned by ISBE to the Grantee.

Agreed to on behalf of the Grantee:

Signature of Authorized Official

Title

Date

Agreed to on behalf of ISBE:

Signature of Responsible ISBE Official

Title

Date

If grant award is greater than \$250,000:

Signature of State Superintendent of Education

Title

Date

Signature of Chief Fiscal Officer

Title

Date

Signature of General Counsel

Title

Date

Initial Application
 Amendment
 (date) _____

ILLINOIS STATE BOARD OF EDUCATION
 Career Development and Preparation E-240
 100 North First Street
 Springfield, Illinois 62777

ATTACHMENT 2

PROJECT NUMBER 08-322500-
AGENCY NAME

**WORK EXPERIENCE AND CAREER
 EXPLORATION PROGRAM**
Budget Justification

FUNCTION AND OBJECT CODES	BUDGET LINE ITEMS TOTAL	LOCAL	ISBE
1000 INSTRUCTION			
100 SALARIES			
110 Teacher/Coordinator Salaries			
\$ _____ /Month x _____ Month(s) x _____ %			
Subtotal	\$ _____	\$ _____	\$ _____
200 EMPLOYEE BENEFITS			
211 TRS			
214 Medicare Only			
221 Life Insurance			
222 Medical Insurance			
223 Dental Insurance			
Subtotal	\$ _____	\$ _____	\$ _____
300 PURCHASED SERVICES			
331 Student Transportation			
\$ _____ /Mile x _____ Mile(s)			
332 Travel (Coordinator)			
\$ _____ /Mile x _____ Mile(s) (Local)			
Conference _____			
380 Workers' and Unemployment Compensation			
Subtotal	\$ _____	\$ _____	\$ _____
400 SUPPLIES AND MATERIALS			
Subtotal	\$ _____	\$ _____	\$ _____
2900 OTHER SUPPORT SERVICES			
300 PURCHASED SERVICES			
390 Added Cost to Employer			
Subtotal	\$ _____	\$ _____	\$ _____
TOTAL DIRECT COSTS	\$ _____	\$ _____	\$ _____

- Initial Budget (11) Amendment (No. _____)
 Revised Initial Budget Multidistrict Application

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PROJECT NUMBER			LEA SUBMISSION DATE
FISCAL YEAR 08	SOURCE OF FUNDS CODE 322500	REGION, COUNTY, DISTRICT, TYPE CODE	
DISTRICT NAME AND NUMBER			
CONTACT PERSON			
TELEPHONE NUMBER		FAX NUMBER	

**WORK EXPERIENCE AND CAREER
 EXPLORATION PROGRAM**
Budget Summary and Payment Schedule

ISBE USE ONLY	ISBE PROGRAM APPROVAL DATE AND INITIALS
	CARRYOVER FUNDS
	TOTAL FUNDS
	CURRENT FUNDS
	BEGIN END

NOTE: Use whole dollars only. OMIT DECIMAL PLACES, e.g., 2536

LINE	FUNCT. NO. 1	EXPENDITURE ACCOUNT 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES & MATERIALS 6	CAPITAL OUTLAY 7	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100's)	(Obj. 200's)	(Obj. 300's)	(Obj. 400's)	(Obj. 500's)		
1	1000	Instruction							July-August
24	2900	Other Support Service (Added Cost to Employer)							September
30		TOTAL BUDGET							October
									November
									December
									January
									February
									March
									April
									May
									June
									July-August
									TOTAL
									\$

WORK EXPERIENCE AND CAREER EXPLORATION PROGRAM

Work Plan Outline

OBJECTIVES	ACTIVITIES	EVALUATION MEASURES FOR EACH ACTIVITY	STAFF RESPONSIBLE	DUE DATE

