



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 | 586-00-1527 |
| 6. | CSFA Title | DISTRICT BROADBAND 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 | 19-3999-ER |
| 12. | Funding Opportunity Title | ERATE STATE MATCHING GRANT PROGRAM |
| 13. | Funding Opportunity Program Field | TECHNOLOGY |
| 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 DUNS registration and grantee prequalification) | |
| 17. | Common Name (DBA) | |
| 18. | Employer/Taxpayer Identification Number (EIN, TIN) | |
| 19. | Organizational DUNS 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 <i>Program</i> Matters involving this Application | | |
| 24. | First/Last Name | |
| 25. | Suffix | |
| 26. | Title | |
| 27. | Organizational Affiliation | |
| 28. | Telephone Number (Include Area Code) | |
| 29. | Fax Number (Include Area Code) | |
| 30. | E-Mail Address | |
| Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application | | |
| 31. | First/Last Name | |
| 32. | Suffix | |
| 33. | Title | |
| 34. | Organizational Affiliation | |
| 35. | Telephone Number (Include Area Code) | |
| 36. | Fax Number (Include Area Code) | |
| 37. | E-Mail 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 (Include all that apply) | <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: \$ _____ <div style="text-align: right;"><input type="checkbox"/> Total Amount: \$ _____</div> |

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 also provide the required assurances* and 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)

(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

☐ I agree

Authorized Representative

| | | |
|-----|---|--|
| 46. | First/Last | |
| 47. | Suffix | |
| 48. | Title | |
| 49. | Telephone Number (Include Area Code) | |
| 50. | Fax Number (Include Area Code) | |
| 51. | E-Mail Address | |
| 53. | Signature of Authorized Representative | |
| 54. | Date Signed | |



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

ATTACHMENT 2

Page 1 of 1

FY 2020

E-RATE STATE MATCHING GRANT PROGRAM CURRENT TECHNOLOGY STATUS

CTE AND INNOVATION DEPARTMENT

APPLICANT NAME

REGION, COUNTY, DISTRICT, TYPE CODE

Instructions: Complete the following:

1. Does your district currently have fiber? ☐ Yes ☐ No
(If answer is NO for question 1, skip to question 3)
2. Which of the following [types of fiber connections](#) best describe your current network configuration?
☐ Leased Lit Fiber ☐ Leased Dark Fiber ☐ Self-Provisioned ☐ Other: _____
3. What is the maximum speed of your current fiber/internet connection?

4. What is the monthly recurring cost of your current internet services before E-Rate discounts are applied?

5. Which of the following [types of fiber connections](#) are you requesting bids on your FCC Form 470?
☐ Leased Lit Fiber ☐ Leased Dark Fiber ☐ Self-Provisioned
6. What is the speed of the fiber connection that you are asking for bids on your FCC Form 470 and associated RFP?

7. How many [E-Rate eligible instructional facilities](#) will this special construction project impact? _____
8. How many [E-Rate Non-Instructional facilities](#) (NIF) will this special construction project impact? _____
9. What is your E-Rate Year 2020 [Category 1 Discount Rate](#)? _____
10. Number of students in your school district. _____
11. Number of teachers in your school district. _____
12. Number of classrooms in your school district _____
13. Number of computing devices in use in your district _____

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
DETERMINING NEED**

| | |
|---|-------------------------------------|
| APPLICANT NAME (District Name and Number, if applicable) | REGION, COUNTY, DISTRICT, TYPE CODE |
| INSTRUCTIONS: Describe the current district/school-level program, including need. See RFP for specific direction. Limit response to space provided. | |

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
DETERMINING NEED**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the current district/school-level program, including need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
DETERMINING NEED**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the current district/school-level program, including need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
DETERMINING NEED**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the current district/school-level program, including need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
DETERMINING NEED**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the current district/school-level program, including need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/PROGRAM**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the proposed district/school-level program determined by need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/PROGRAM**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the proposed district/school-level program determined by need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/PROGRAM**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the proposed district/school-level program determined by need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/PROGRAM**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the proposed district/school-level program determined by need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/PROGRAM**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Describe the proposed district/school-level program determined by need. See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/TIMELINE**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**
Goal (List one per page)

| ACTIVITY | TIMELINE | | PERSONS RESPONSIBLE |
|----------|----------|------------|---------------------|
| | START | COMPLETION | |
| | | | |
| | | | |
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| | | | |

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/TIMELINE**

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

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**
Goal (List one per page)

| ACTIVITY | TIMELINE | | PERSONS RESPONSIBLE |
|----------|----------|------------|---------------------|
| | START | COMPLETION | |
| | | | |
| | | | |
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| | | | |

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/TIMELINE**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**

Goal (List one per page)

| ACTIVITY | TIMELINE | | PERSONS RESPONSIBLE |
|----------|----------|------------|---------------------|
| | START | COMPLETION | |
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**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/TIMELINE**

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

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**
Goal (List one per page)

| ACTIVITY | TIMELINE | | PERSONS RESPONSIBLE |
|----------|----------|------------|---------------------|
| | START | COMPLETION | |
| | | | |
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**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
PROPOSED PROJECT/TIMELINE**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**
Goal (List one per page)

| ACTIVITY | TIMELINE | | PERSONS RESPONSIBLE |
|----------|----------|------------|---------------------|
| | START | COMPLETION | |
| | | | |
| | | | |
| | | | |
| | | | |

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
EVALUATION**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
EVALUATION**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
EVALUATION**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
EVALUATION**

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
EVALUATION**

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

INSTRUCTIONS: See RFP for specific direction. **Limit response to space provided.**

☐ Initial Budget
☐ Revised Initial Budget

☐ Amendment No. _____
☐ Multi-district Application

| | | | |
|--------------------------|--|--------------------------------------|---------------------------------|
| FISCAL YEAR 20 | SOURCE OF FUNDS CODE 3999-ER | 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) | |

ILLINOIS STATE BOARD OF EDUCATION
 CTE and Innovation Department
 100 North First Street, S-284
 Springfield, Illinois 62777-0001

FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
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 |

Directions: Prior to preparing this Budget Summary and Payment Schedule 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.

| 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 |
|------|-----------------------------------|---|-----------------------------|--------------------------------------|---------------------------------------|---|-------------------------------------|----------------------------------|--|------------|------------------|
| 10 | 2300 | General Administration | | | | | | | | | July-August |
| 14 | 2530 | Facilities Acquisition and Construction** | | | | | | | | | September |
| 15 | 2540 | Operation & Maintenance of Plant Services | | | | | | | | | October |
| 20 | 2620 | Planning, Research, Development & Evaluation Services | | | | | | | | | November |
| 24 | 2900 | Other Support Services | | | | | | | | | December |
| 27 | 4000 | Payments to Other Districts or Government Units | | | | | | | | | January |
| 29 | Total Direct Costs | | | | | | | | | | February |
| 30 | Approved Indirect Costs x _____ % | | | | | | | | | | March |
| 31 | TOTAL BUDGET | | | | | | | | | | April |
| | | | | | | | | | | | May |
| | | | | | | | | | | | June |
| | | | | | | | | | | | July-August |
| | | | | | | | | | | | TOTAL |
| | | | | | | | | | | | \$ _____ |

** Not applicable to all grants, and in no instances can Capital Outlay, Non-Capitalized Equipment, or Facilities Acquisition and Construction Services be included in the indirect costs application.

Date

Original Signature of Superintendent or Administrator

Date

Original Signature of ISBE Division Administrator

| REGION, COUNTY, DISTRICT, TYPE CODE |
|-------------------------------------|
|-------------------------------------|

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
BUDGET SUMMARY BREAKDOWN**

| 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 | | | | | | | | | |

| REGION, COUNTY, DISTRICT, TYPE CODE |
|-------------------------------------|
|-------------------------------------|

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
BUDGET SUMMARY BREAKDOWN**

| 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 | | | | | | | | | |

| REGION, COUNTY, DISTRICT, TYPE CODE |
|-------------------------------------|
|-------------------------------------|

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
BUDGET SUMMARY BREAKDOWN**

| 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 | | | | | | | | | |

| REGION, COUNTY, DISTRICT, TYPE CODE |
|-------------------------------------|
|-------------------------------------|

**FY 2020
E-RATE STATE MATCHING GRANT PROGRAM
BUDGET SUMMARY BREAKDOWN**

| 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 2020
E-RATE STATE MATCHING GRANT PROGRAM
AMENDMENT BUDGET SUMMARY BREAKDOWN

To complete the form below, provide a thorough description of each line item to be amended. Expenditure Description and Itemization (column 3) must match the currently approved budget and must include specific information for each entry. Rationale for Requested Change (column 7) must provide sufficient information and detail for ISBE personnel to ascertain approval of each line item amendment request. Amendment requests that do not fulfill these requirements will be denied until sufficient information is provided to ISBE.

Attach new Budget Summary to reflect requested amendment amounts.

| FUNCTION NUMBER (1) | OBJECT NUMBER (2) | ITEMIZATION (3) | CURRENTLY APPROVED AMOUNT (4) | REQUESTED CHANGE (+ OR -) (5) | REVISED AMOUNT (6) | RATIONALE FOR REQUESTED CHANGE (7) |
|---------------------------|-------------------------|--------------------|-------------------------------------|-------------------------------------|-----------------------|---------------------------------------|
| | | | | | | |
| NET CHANGE (+ or -) | | | | | | |



Illinois State Board of Education

CTE and Innovation Department
100 North First Street
Springfield, Illinois 62777-0001

ATTACHMENT 8

FY 2020
E-RATE STATE MATCHING
GRANT PROGRAM

PROGRAM-SPECIFIC TERMS OF THE GRANT

☐ By checking this box, the applicant hereby certifies that he or she has read, understood and will comply with the assurances listed below, as applicable to the program for which funding is requested.

1. Subcontracting: No subcontracts or sub-grants are allowed without prior written approval of the State Superintendent of Education. If subcontracts or sub-grants are allowed, then all project responsibilities are to be retained by the grantee to ensure compliance with the terms and conditions of the grant. All subcontracts and sub-grants must be documented and must have the prior written approval of the State Superintendent of Education. Approval of subcontracts and sub-grants shall be subject to the same criteria as are applied to the original proposal/application. The following information is required if any subcontracts/sub-grants are to be utilized:

- Name(s) and address(es) of subcontractor(s)/sub-grantee(s);
- Need and purpose for each subcontract/sub-grant;
- Measurable and time specific services to be provided;
- Associated costs (i.e., amounts to be paid under each subcontract/sub-grant); and
- Projected number of participants to be served.

The grantee may not assign, convey or transfer its rights to the grant award without the prior written consent of the Illinois State Board of Education.

2. Grantees must submit quarterly expenditure and programmatic reports due 20 calendar days after the expenditure and programmatic through dates as well as a final expenditure report due 90 calendar days after the last date of the grant.
3. Grantees must submit a mid-year and a comprehensive year-end performance reports regarding progress toward implementation of the program plan and achievement of program goals. The reports shall be submitted 30 calendar days after the period of performance.

Name of Applicant Entity

Date

Original Signature of Superintendent/Authorized Official

Title



Illinois State Board of Education

CTE and Innovation Department
100 North First Street
Springfield, Illinois 62777-0001

ATTACHMENT 9

FY 2020
E-RATE STATE MATCHING
GRANT PROGRAM

GRANT APPLICATION CERTIFICATIONS AND ASSURANCES

APPLICANT'S NAME: _____

The applicant/award recipient (hereinafter the term applicant includes award recipient as the context requires), hereby certifies and assures the Illinois State Board of Education that:

1. Applicant is a(n): *(Check one)*

☐ Individual ☐ Corporation ☐ Partnership ☐ Unincorporated association ☐ Government entity

Region/County/District/School Code or Federal Employer Identification Number, as applicable. Individuals or other entities with neither of the foregoing, include Social Security Number.

The applicant has the necessary legal authority to apply for and to receive the proposed award. The filing of this application has been authorized by the governing body of the applicant, and the undersigned representative has been duly authorized to file this application for and on behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application and any award in relation thereto.

DEFINITIONS

"Applicant" means an individual, entity or entities for which grant funds may be available and has made application to the Illinois State Board of Education for an award of such grant funds.

"Grant" means the award of funds, which are to be expended in accordance with the Grant Agreement for a particular project. The terms "grant," "award," "program," and "project" may be used interchangeably.

"Grantee" means the person, entity or entities that are to receive or have received grant funds through an award from the Illinois State Board of Education. The terms "grantee" and "award recipient" may be used interchangeably.

"Project" means the activities to be performed for which grant funds are being sought by the applicant. The terms "project" and "program" may be used interchangeably.

The capitalized word "Term" means the period of time from the project beginning date through the project ending date.

LAWS AND REGULATIONS REGARDING FEDERAL AND STATE AWARDS

The applicant acknowledges and agrees that this grant is subject to the provisions of:

2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards
http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

Illinois Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 *et seq.*
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3559&ChapterID=7>

Administrative Rules for GATA, 44 Ill. Admin. Code Part 7000 <ftp://www.ilga.gov/JCAR/AdminCode/044/04407000sections.html>

NO BINDING OBLIGATION

- The applicant acknowledges and agrees that the selection of its proposal for funding, or approval to fund an application shall not be deemed to be a binding obligation of the Illinois State Board of Education until such time as a final Grant Agreement is entered into between the applicant and the Illinois State Board of Education. Prior to the execution of a final Grant Agreement, the Illinois State Board of Education may withdraw its award of funding to the applicant at any time, for any reason.
- Payment under this grant is subject to passage of a sufficient appropriation by the Illinois General Assembly or sufficient appropriation by the U.S. Congress for federal programs. Obligations of the Illinois State Board of Education will cease immediately without further obligation should the agency fail to receive sufficient state, federal, or other funds for this program.

PROJECT

4. The project proposed in the application, and as negotiated and finalized by the parties in the Grant Agreement, is hereinafter referred to as the "project." In planning the project there has been, and in establishing and carrying out the project there will be (to the extent applicable to the project), participation of persons broadly representative of the cultural and educational resources of the area to be served, including persons representative of the interests of potential beneficiaries.
5. Applicants may be asked to clarify certain aspects of their proposals/applications or proposed amendments prior to final agreement on the terms of the project or amendment.
6. All funds provided shall be used solely for the purposes stated in the approved proposal/application, as finalized in the Grant Agreement.
7. The project will be administered by or under the supervision of the applicant and in accordance with the laws and regulations applicable to the grant. The applicant will be responsible for and obtain all necessary permits, licenses, or consent forms as may be required to implement the project.

GENERAL CERTIFICATIONS AND ASSURANCES

8. The applicant will obey all applicable state and federal laws, regulations, and executive orders, including without limitation: those regarding the confidentiality of student records, such as the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g) and the Illinois School Student Records Act (ISSRA) (105 ILCS 10/1 et seq.); those prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap, such as Title IX of the Amendments of 1972 (20 U.S.C. 1681 et seq.) and 34 CFR part 106, the Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and 34 CFR part 104, the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.), the Age Discrimination Act (42 U.S.C. 6101 et seq.) and 34 CFR part 110, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., 2000e et seq.) and 34 CFR part 100, the Public Works Employment Discrimination Act (775 ILCS 10/0.01 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.); and the Illinois School Code (105 ILCS 5/1-1 et seq.). Further, no award recipient shall deny access to the program funded under the grant to students who lack documentation of their immigration status or legal presence in the United States (*Plyler v. Doe*, 457 U.S. 202, 102 S.Ct. 2382 (1982)).
9. The applicant certifies it has informed the State Superintendent of Education in writing if any employee of the applicant/grantee was formerly employed by the Illinois State Board of Education and has received an early retirement incentive under 40 ILCS 5/14-108.3 or 40 ILCS 5/16-133.3 (Illinois Pension Code). The applicant acknowledges and agrees that if such early retirement incentive was received, the Grant Agreement is not valid unless the official executing the agreement has made the appropriate filing with the Auditor General prior to execution.
10. The applicant shall notify the State Superintendent of Education if the applicant solicits or intends to solicit for employment any of the Illinois State Board of Education's employees during any part of the application process or during the Term of the Grant Agreement.
11. The applicant is not barred from entering into this contract by Sections 33E-3 and 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33E-3, 33E-4). Sections 33E-3 and 33E-4 prohibit the receipt of a state contract by a contractor who has been convicted of bid-rigging or bid-rotating.
12. If the applicant is an individual, the applicant is not in default on an educational loan as provided in 5 ILCS 385/3.
13. The applicant certifies it does not pay dues or fees on behalf of its employees or agents or subsidize or otherwise reimburse them for payment of their dues or fees to any club which unlawfully discriminates (775 ILCS 25/1).
14. The applicant certifies that it is (a) current as to the filing and payment of any applicable federal, state and/or local taxes; and (b) not delinquent in its payment of moneys owed to any federal, state, or local unit of government.
15. Any applicant not subject to Section 10-21.9 of the School Code certifies that a fingerprint-based criminal history records check through the Illinois State Police and a check of the Statewide Sex Offender Database will be performed for all its employees, b) volunteers, and c) all employees of persons or firms holding contracts with the applicant/grantee, who have direct contact with children receiving services under the grant; and such applicant shall not a) employ individuals, b) allow individuals to volunteer, or c) enter into a contract with a person or firm who employs individuals, who will have direct contact with children receiving services under the grant who have been convicted of any offense identified in subsection (c) of Section 10-21.9 of the School Code (105 ILCS 5/10-21.9(c)) or have been found to be the perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987 (705 ILCS 405/2-1 et seq.).

16. The applicant hereby assures that when purchasing core instructional print materials published after July 19, 2006, the applicant/grantee will ensure that all such purchases are made from publishers who comply with the requirements of 105 ILCS 5/28-21 which instructs the publisher to send (at no additional cost) to the National Instructional Materials Access Center (NIMAC) electronic files containing the contents of the print instructional materials using the National Instructional Materials Accessibility Standard (NIMAS), on or before delivery of the print instructional materials. This does not preclude a grantee school district from purchasing or obtaining accessible materials directly from the publisher.
17. The applicant certifies that notwithstanding any other provision of the application, proposal, or Grant Agreement, grant funds shall not be used and will not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization.

JOINT APPLICATIONS – ADMINISTRATIVE AND/OR FISCAL AGENT

18. Applicants/grantees participating in a joint application hereby certify that they are individually and jointly responsible to the Illinois State Board of Education and to the administrative and fiscal agent under the grant. An applicant/grantee that is a party to the joint application and is a legal entity, or a Regional Office of Education may serve as the administrative and/or fiscal agent under the grant.
19. The entity acting as the fiscal agent certifies that it is responsible to the applicant/grantee or, in the case of a joint application, to each applicant/grantee that is a party to the application; it is the agent designated and responsible for reports and for receiving and administering funds; and it will:
 - (a) Obtain fully executed Grant Application Certifications and Assurances forms from each entity or individual participating in the grant and return the forms to ISBE prior to award of the grant;
 - (b) Maintain separate accounts and ledgers for the project;
 - (c) Provide a proper accounting of all revenue from the Illinois State Board of Education for the project;
 - (d) Properly post all expenditures made on behalf of the project;
 - (e) Be responsible for the accountability, documentation and cash management of the project, the approval and payment of all expenses, obligations, and contracts and hiring of personnel on behalf of the project in accordance with the Grant Agreement;
 - (f) Disburse all funds to joint applicants/grantees based on information (payment schedules) from joint applicants/grantees showing anticipated cash needs in each month of operation (The composite payment schedule submitted to ISBE should reflect monthly cash needs for the fiscal agent and the joint applicants/grantees.);
 - (g) Require joint applicants/grantees to report expenditures to the fiscal agent based on actual expenditures/obligation data and documentation. Reports submitted to the Illinois State Board of Education should reflect actual expenditure/obligations for the fiscal agent and the data obtained from the joint applicants/grantees on actual expenditures/obligations that occur within project beginning and ending dates;
 - (h) Be accountable for interest income earned on excess cash on hand by all parties to the grant and return applicable interest earned on advances to the Illinois State Board of Education;
 - (i) Make financial records available to outside auditors and Illinois State Board of Education personnel, as requested by the Illinois State Board of Education;
 - (j) Have a recovery process in place with all joint applicants/grantees for collection of any funds to be returned to the Illinois State Board of Education; and

DRUG-FREE WORKPLACE CERTIFICATION

20. This certification is required by the Drug-Free Workplace Act (30 ILCS 580/1). The Drug-Free Workplace Act, effective January 1, 1992, requires that no grantee or contractor shall receive a grant or be considered for the purposes of being awarded a contract for the procurement of any property or services from the State unless that grantee or contractor has certified to the State that the grantee or contractor will provide a drug-free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of the contract or grant, and debarment of contracting or grant opportunities with the State of Illinois for at least one (1) year but not more than five (5) years.

For the purpose of this certification, "applicant," "grantee," or "contractor" means a corporation, partnership, or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division, or other unit thereof, directly responsible for the specific performance under a contract or grant of \$5,000 or more from the State.

The applicant certifies and agrees that it will provide a drug-free workplace by:

- (a) Publishing a statement:
 - (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace
 - (2) Specifying the actions that will be taken against employees for violations of such prohibition.
 - (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will
 - (A) Abide by the terms of the statement; and
 - (B) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction.
- (b) Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's or contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon an employee for drug violations.
- (c) Providing a copy of the statement required by subsection (a) to each employee engaged in the performance of the contract or grant and posting the statement in a prominent place in the workplace.
- (d) Notifying the contracting or granting agency within ten (10) calendar days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
- (e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by section 5 of the Drug-Free Workplace Act.
- (f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation are required and indicating that a trained referral team is in place.
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of the Drug-Free Workplace Act.

21. The applicant represents and warrants that all of the certifications and assurances set forth herein, in the application, all attachments, and the Grant Agreement are and shall remain true and correct through the Term of the grant. During the Term of the grant, the award recipient shall provide the Illinois State Board of Education with notice of any change in circumstances affecting the certifications and assurances within ten (10) calendar days of the change. Failure to maintain all certifications and assurances or provide the required notice will result in the Illinois State Board of Education withholding future project funding until the award recipient provides documentation evidencing that the award recipient has returned to compliance with this provision, as determined by the Illinois State Board of Education.

The undersigned affirms, under penalties of perjury, that he or she is authorized to execute the above Certifications and Assurances on behalf of the applicant. Further, the undersigned certifies under oath that all information contained herein is true and correct to the best of his or her knowledge, information and belief, that grant funds shall be used only for the purposes described in this agreement, and that the award of this grant is conditioned upon this certification.

Original Signature of Authorized Official

Title

Date

Name of Authorized Official (Type or Print)