21st Century Community Learning Centers FY13 Continuation Application





June, 2012

ISBE Web Application Security (IWAS)

- The 21st CCLC paper-based continuation application will now be filled out and reviewed online via a secure connection over the Internet.
- Illinois State Board of Education (ISBE) customers can use their ISBE Web Application Security (IWAS) account to access this and many other forms.
- Accessing is easy, fast, and convenient!

IWAS link on ISBE home page



Login and Password is required



Initial IWAS Sign-up

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Once you have an IWAS account, Log in



Access to Systems



The Program you want is not on your list? Signup for other systems



Click the system you want to sign up for and you'll have to explain why you should have access on the next screen



To Create the Application after logging into the 21st Century Continuation System

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Illinois State			18 1 2		EGMS HOME 15	SBE HOME LOGOFF
Board of Education	eG	MS - Grants	Appli	cation		SESSION 59155
District Name: PAYSON CUSD 1	RCDT:	01-001-0010-26	County: A	dams		
Application Select						Instructions
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Have questions or need help? Contact ou	ır Call Center (217)558 Copyright © 20	3-3600 between 7:00a 12, Illinois State Board	m - 4:30pm (of Education	CST, Monday - Frida I	y or Click here to C	ontact Us
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To Create the Application – cont.

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Board of Education	eGMS - G	irants Appli	cation	SESSION TIMEOUT 54:22
District Name: BOYS AND GIRLS CLUB OF SPFLD	RCDT: 51-084-071P	-00 County: S	angamon	
Application Select				Instructions
	This Program Allows you to ha Would you like to create a new y year?	ve multiple projects. project for the current	Ves	
	Year: 2013 🔻 P	roject Code: 12 🔻		
Project Title	e: Cohort 12 - Grant 1	Allotment Am	ount: \$690,000	
	Create New	Project		
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Have guestions or pood hole? Contact or			CCT-Monday Frid	av er Cliek horo to Contact Us
have questions of freed help? Contact of	Copyright © 2012, Illinois S	tate Board of Education	CSI, Monday - Frid 1	ay of Click here to contact os

Overview Page

Doard of Educ	ation	eGM	eGMS - Grants Application					SESSION 59:58		
Applicant: PAYSON CUSD 1 Application: 2012-2013 21st Co	entury CLC Continuation -	County	: Adams		21st Century Cl			_C Continuation 🔻		
ycle: Original Application Project Number: 13-442101-(001-0010-26-Cohort 10 - Y	ear 2				2	Printer-Friendly Click to Return to Application Selec			
Overview Applicant Information	FFATA Collabor	ation <u>Program</u> Specific	Budget Pages	Assurance Pages	<u>Submit</u>	Application History	Page Lock Control	Application Print		
Program Overview										
Brogram:	21st Contury Comm									
Flograffi	215t Century Comm	unity Learning Cent	ers Program	- Continuation						
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Applicant Information Page

			EGMS HOME ISBE HOME LOGOFF			
Board of Education	eGMS - Gr	eGMS - Grants Application				
Applicant: PAYSON CUSD 1	County: Adams		21st Century CLC Continuation 🔻			
Cycle: Original Application	n -		Printer-Friendly			
Project Number: 13-442101-001-0010-26-Cohort 1	0 - Year 2		<u>Click to Return to Application Select</u>			
Overview Applicant Information FFATA Colla	boration Program Budget	Assurance Pages Submit Applicat	tion Page Lock Application Print			
Applicant Information						
Contact Person						
Last Name*	First Name*	Middle Initial				
Address 1*						
Address 1*						
Address 2						
City*	State*	Zip +4 *				
Phone* Extension	Fax					
Summer Phone Extension	Email *					
Check here to have all IWAS notices sent C personnel whose name(s) appear on the A	NLY to the district administrator. Ur pplication History page.	nless checked, all IWAS notices will be	e distributed to all the LEA			

Applicant Information Page – cont.

			_	EGMS HOME	ISBE HOME LOGOFF
Board of Education	eGMS - Gran	ts Applic	ation		SESSION 59:52
Applicant: PAYSON CUSD 1 Application: 2012-2013 21st Century CLC Continuation -	County: Adams		3	1st Century CLC (Continuation 👻
Cycle: Original Application				Click to Return to	Printer-Friendly Application Select
Project Number: 13-442101-001-0010-26-Conort 10 - Year 2				C	Spell Check
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Overview Applicant Information FFATA Collaboration	ProgramBudgetAsSpecificPages	<u>Surance</u> <u>Pages</u>	<u>Application</u> <u>History</u>	<u>Page Lock</u> <u>Control</u>	Application Print
Applicant Information					Instructions
Contact Person					
Last Name* First Nam	ne*	Middle Initial			
Address 1*	, L				
Address 2					

Applicant Information Page – cont.

General Education Provisions Act *

Section 427 of the General Education Provisions Act requires that all applicants provide a description of the steps the applicant proposes to take to ensure equitable access to and participation in these federal NCLB programs for students, teachers, and other program beneficiaries with special needs. The statute highlights six types of barriers that can impede equitable access or participation: gender, race, national origin, color, disability, or age. The applicant should determine whether these or other barriers may prevent students, teachers, etc., from access to and participation in program activities. Describe the steps that will be taken to overcome any barriers identified.*

(0 of 500 characters used)

Grant Period:

Begin Date: End Date: July 1, or the submission date of the original application, whichever is later

 06/30/2013
 Project activities for school-year only projects must be complete and expenses must be incurred by June 30. For a summer program, enter 08/31/2013. *

Applicant Comments:

Use this text area for any needed explanations to ISBE in regard to this program. (0 of 1500 maximum charcters used)

*Required field

Save Page

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FFATA Page

Overview Applicant Information FFATA Collaboration Program Specific Budget Pages Assurance Pages Submit Application Page Loc	ock Application								
Federal Funding Accountability and Transparency Act (FFATA)									
The Federal Funding Accountability and Transparency Act (P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires a Prime Awardee, such as a State agency, to report an award of \$25,000 or more made to a subrecipient as of October 1, 2010.									
To fulfill reporting requirements, provide a brief but succinct description of how the funding received will support the activities and action the purpose and goals of the Federal grant. If there are multiple funding actions, provide a description for each funding action.*	s to meet								
Example of project description:									
Participants receive instruction and enrichment in the areas of reading, math and other core subjects. Parents of participants are provide services. Professional development based on need is included, and the program is evaluated annually.	ed ongoing								
Project Description (do not use the & symbol) *									
(0 of 255 maximum characters used)									
	*								
Agency DUNS Number *: (A DUNS number may already exist for your organization - verify with your chief business official)									
Click here for additional DUNS information									

FFATA Page – cont.

Agonov's Annual Cross Revenues*:								
 Yes No In the previous fiscal year, this organization (including parent organization worldwide) received (a) 80 percent or more of annual gross revenues in U loans, grants, subgrants, and/or cooperative agreements; 	 No In the previous fiscal year, this organization (including parent organizations, all branches, and all affiliates worldwide) received (a) 80 percent or more of annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; AND 							
 (b) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements. 								
Select the Yes button ONLY if both (a) and (b) are true.								
Provide the names and the total compensation package (using the preceding fiscal year's compensations) of the top five highest paid individuals within your organization, regardless of the funding source*. <u>Regulations for Reporting Executive Compensation and First Tier Subcontract Awards (JUL 2010)</u>								
Name:	Compensation:							
1.								
2.								
3.								
4.								
5.								
* Required field								

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Collaboration Tab

Board of Education	eGMS - Grants	SESSION 57:39			
Applicant: PAYSON CUSD 1 Application: 2012-2013 21st Century CLC Continuation - Cycle: Original Application Project Number: 13-442101-001-0010-26-Cohort 10 - Year 2	County: Adams		21st Century CLC Continuation ▼ Printer-Friendl Click to Return to Application Select		
Overview. Applicant Information FFATA. Collaboration Co-Applicants	Program Budget Assu Specific Pages Pa Partners	rance ges. Submit Applicatio History Sub-	n <u>Page Lock</u> <u>Application</u> <u>Control Print</u> contractors		
C Yes C No Is this application submitted v	with co-applicants?* If yes, com	plete this page. If no, save pag	e and continue to the next		
Complete this page if this application has co-applicants. P Retain supporting documentation, such as original signatu	rovide the requested information res and co-applicant agreement	n for each co-applicant. s, on file with the submitting ap	plicant.		

Co-Applicants Page

<u>Overview</u>	Applicant Information	FFATA_	Collaboration	Program Specific	Budget Pages	Assurance Pages	<u>Submit</u>	Application History	Page Lock Control	Application Print
	<u>Co-Appli</u>	cants			Partners			Subcont	tractors	
Co-Applicar	its									Instructions
Yes ONO Is this application submitted with co-applicants?* If yes, complete this page. If no, save page and continue to the next page.										
Complete th Retain supp	is page if this ap orting document	plication ha ation, such	is co-applicants. as original signa	Provide the r tures and co-a	equested info applicant agr	ormation for ea eements, on fi	ach co-applic le with the s	ant. ubmitting applic	ant.	
Region-Cou	nty-District-Type	Code	Co-Applicant E	Entity						
Authorized	Official Informa	ation:								
Last Name			First Name		Ν	4iddle Initial				
					[
Address 1										
Address 2										
City			State		Z	2ip +4				
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Phone		Extension	Fax				_			
Summer Ph	one	Extension	Email							
]				

Partners Page

THE ALL REAL		EGMS HOME ISBE HOME LOGOFF
Board of Education	eGMS - Grants Application	SESSION TIMEOUT 59:21
Applicant: PAYSON CUSD 1 Application: 2012-2013 21st Century CLC Continuation -	County: Adams	21st Century CLC Continuation 🔻
Cycle: Original Application		<u>Printer-Friendly</u> Click to Return to Application Select
Project Number: 13-442101-001-0010-26-Cohort 10 - Year 2		
Overview. Applicant Information FFATA Collaboration	Program Budget Assurance Submit Applica Specific Pages Pages Submit Histo	tion Page Lock Application ry Control Print
<u>Co-Applicants</u>	Partners St	Jbcontractors
Partner Information		Instructions
Yes O _{No} Is this application submitted with par	tners?* If yes, complete this page. If no, save page and con	tinue to the next page.
Provide the name of all partner organizations, along with t Partners listed here should meet the definition of partner in	he value of in-kind services or the amount of cash contribute n PPICS.	d for FY13 programs. NOTE:
Partner Organization Name	Dollar Value of In-Kind Services	ash Contribution Amount

Subcontractors Page

										Spell Check
<u>Overview</u>	Applicant Information	FFATA_	<u>Collaboration</u>	Program Specific	<u>Budget</u> Pages	Assurance Pages	Submit_	Application History	Page Lock Control	Application Print
	Co-Appli	cants_		F	artners			Subcont	tractors_	
Subcontrac	Co-Applicants Partners Subcontractors Subcontractors Instructions Will subcontractors be used to provide any services? If yes, complete the remainder of this page. If no, select No, save the page and									
	Add Additional Entries Save Page									

Subcontractors Page – cont.

Subcontractors		Instructions							
Image: Will subcontractors be used to provide any services? If yes, complete the remainder of this page. If no, select No, save the page and advance to the next page. *									
The services of each subcontractor listed belo govermental entity must be budgeted in Functi	w must appear in the program budget details wit on 4000, Object 300.	th each expense clearly delineated. Any contract with a							
Subcontractor Firm Name (if applicable)	Contact Last Name	Contact First Name							
Address 1	Address 2								
City	State	Zip Code+ 4							
Describe the need and purpose for subcontrac	ting.	A							
Describe the measurable and time-specific serv	vice(s) to be provided	*							
Describe the measurable and time-specific set	ince(s) to be provided.	A							
		-							
Provide the amount to be paid under the subcontract									

Program Specific Tab

Goals Program Graduation Additional Dummary Goals, Activities, and Evaluation Courses Requirements Goals, Activities, and Evaluation Applicant Goals Enter at least three sets of Goal, Activity and Evaluation information. Up to four additional sets of information, for a total of seven, may be add SMART Goals: SMART Goals: Cools must be Specific, Measurable, Attainable, Relevant and Time bound (S.M.A.R.T.) EXAMPLE: 75% of regular attendees will demonstrate an increase in involvement in at least one school activity and in other subject areas such as technic, theater, and sports and other recreation activities by the end of the three-year grant period. Goal 1 GoAL: Describe the goal or need identified through evaluation or needs assessment that will be targeted with these grant funds. Use SMART (0 of 1500 maximum characters used) ACTIVITY: List the programs and/or describe the programs that are planned to meet the identified goal. (0 of 1500 maximum characters used) EVALUATION: Indicate how the applicant will evaluate the effectiveness of the program in meeting the identified goal. Include measurable out (0 of 1500 maximum characters used) EVALUATION: Indicate how the applicant will evaluate the effectiveness of the program in meeting the identified goal. Include measurable out (0 of 1500 maximum characters used)	age Lock Appl Control P
Goals, Activities, and Evaluation A. Applicant Goals Enter at least three sets of Goal, Activity and Evaluation information. Up to four additional sets of information, for a total of seven, may be add SMART Goals: Soft regular attendees will demonstrate an increase in involvement in at least one school activity and in other subject areas such as techn music, theater, and sports and other recreation activities by the end of the three-year grant period. Goal 1 GOAL: Describe the goal or need identified through evaluation or needs assessment that will be targeted with these grant funds. Use SMART (0 of 1500 maximum characters used)	tional ements
Goals, Activities, and Evaluation A. Applicant Goals Enter at least three sets of Goal, Activity and Evaluation information. Up to four additional sets of information, for a total of seven, may be additional sets. SMART goals. SMART goals. SMART doals: Cools must be Specific, Measurable, Attainable, Relevant and Time bound (S.M.A.R.T.) EXAMPLE: 75% of regular attendees will demonstrate an increase in involvement in at least one school activity and in other subject areas such as technisms, theater, and sports and other recreation activities by the end of the three-year grant period. Goal 1 GOAL: Describe the goal or need identified through evaluation or needs assessment that will be targeted with these grant funds. Use SMART (0 of 1500 maximum characters used) (0 of 1500 maximum characters used) EVALUATION: Indicate how the applicant will evaluate the effectiveness of the program in meeting the identified goal. Include measurable out (0 of 1500 maximum characters used)	
A. Applicant Goals Enter at least three sets of Goal, Activity and Evaluation information. Up to four additional sets of information, for a total of seven, may be ad SMART goals. SMART Goals: Goals must be Specific, Measurable, Attainable, Relevant and Time bound (S.M.A.R.T.) EXAMPLE: 75% of regular attendees will demonstrate an increase in involvement in at least one school activity and in other subject areas such as techn music, theater, and sports and other recreation activities by the end of the three-year grant period. Goal 1 GOAL: Describe the goal or need identified through evaluation or needs assessment that will be targeted with these grant funds. Use SMART (0 of 1500 maximum characters used) ACTIVITY: List the programs and/or describe the programs that are planned to meet the identified goal. (0 of 1500 maximum characters used) EVALUATION: Indicate how the applicant will evaluate the effectiveness of the program in meeting the identified goal. Include measurable out (0 of 1500 maximum characters used)	Instr
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Goal 1 GOAL: Describe the goal or need identified through evaluation or needs assessment that will be targeted with these grant funds. Use SMART (0 of 1500 maximum characters used) ACTIVITY: List the programs and/or describe the programs that are planned to meet the identified goal. (0 of 1500 maximum characters used) EVALUATION: Indicate how the applicant will evaluate the effectiveness of the program in meeting the identified goal. Include measurable out (0 of 1500 maximum characters used)	act as technology
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EVALUATION: Indicate how the applicant will evaluate the effectiveness of the program in meeting the identified goal. Include measurable out (0 of 1500 maximum characters used)	
	asurable outcome

Goals Page – cont.

B. State Goals For each Applicant Goal, indicate which State Goal(s) will be addressed. Check as many as applicable.							
State Goals to be Addressed Applicant Goal N				l Nu	mbe	rs	
	1	2	3	4	5	6	7
Goal 1: Schools will improve student achievement in core academic areas.							
Goal 2: Schools will show an increase in student attendance and graduation from high school.							
Goal 3: Schools will see an increase in the social-emotional skills of their students.							
Goal 4: Programs will collaborate with the community.							
Goal 5: Programs will coordinate with schools to determine the students and families with the greatest need.							
Goal 6: Programs will provide ongoing professional development to program personnel.							
Goal 7: Programs will collaborate with schools and community based organizations to provide sustainable programs.							

Save Page

Program Summary Page

Board of Education	eGMS - Grants Appli	cation Session 59:52
Applicant: PAYSON CUSD 1 Application: 2012-2013 21st Century CLC Continuation - Cycle: Original Application	County: Adams	21st Century CLC Continuation <u> Printer-Friendly</u> Click to Return to Academication Solution
Project Number: 13-442101-001-0010-26-Cohort 10 - Year 2		Click to Return to Application Select
Overview Applicant Information FFATA Collaboration	Program Budget Assurance Specific Pages Pages Su	<u>bmit</u> <u>Application</u> <u>Page Lock</u> <u>Application</u> <u>History</u> <u>Control</u> <u>Print</u>
Goals Program Summary	<u>Graduation</u> <u>Courses</u>	Additional Requirements
Program Summary		Instructions
A. Students Served Number of students projected to be served Number of students actually served in 2013 Explain in detail any differences between the	l in 2011-2012 as entered on the FY12 applic I-2012 ne projected and actually served counts. If n	o differences, enter NA below.
B. Schools Served The schools to be served are the SAME as the served are the SAME as the served are the SAME as the served are the served ar	those served in 2011-2012.	
C The schools to be served are DIFFERENT fr	om those served in 2011-2012.	
Describe any proposed changes to the sch NOTE: All changes must be approved by	ools served and provide reasons for any sud ISBE.	h changes.
		* *

Program Summary Page – cont.

C. Program Changes	/f ik i i i			- de el
year.	am (from the last approved a	application or amendment) that are pro	posed for the 2012-2013	SCHOOL
C No Changes				
C Program Changes (describe all	changes below)			
				*
				~
D. Promising/Innovative Best Practices				
Describe how your programs for 2012-2013 inc	orporate promising/innovati	ve best practices.		
				*
				*
E. Activity Funding				
Indicate how the activities listed below will be	funded. Check all that apply			
	21st Century Grant	Other Federal, State, Local Funds	In-Kind Donations	
Family Engagement				
Professional Development				
Evaluation Services				

Program Summary Page – cont.

F. Activity Description
Describe activities in each of the three areas noted below, reagradless of the funding source paying for the activity.
Family Engagement
(0 of 1500 maximum characters used)
Professional Development
(0 of 1500 maximum characters used)
Evaluation Services
(0 of 1500 maximum characters used)
Save Page

Graduation Courses

	ESMS HOME ISBE HOME LDGOFF
GMS - Grants Applic	cation 59:46
County: Adams	21st Century CLC Continuation 🔹
	Printer-Friendly Click to Return to Application Select
	Spell Check
ecific Pages <u>Pages</u> <u>Sub</u>	mit Application Page Lock Application History Control Print
<u>Graduation</u> <u>Courses</u>	<u>Additional</u> <u>Requirements</u>
	Instructions
e(s) in the 21st CCLC program that are re iploma from an Illinois public high school? he next page. *	equired under Section 27-22 of the School ? If yes, complete this page. If no, select No
Save Page	
	gram Budget Assurance Pages Pages Sub Graduation Courses Sub e(s) in the 21st CCLC program that are reploma from an Illinois public high schools in enext page. * Save Page

Graduation Courses – cont.

<u>Overview</u>	Applicant Information	<u>FFATA</u>	Collaboration	Program Specific	Budget Pages	Assurance Pages	<u>Submit</u>	Application History	Page Lock Control	Application Print
Goals Program Graduation Additional Summary Courses Requirements										
State-Required Graduation Courses										
Yes No Is the grantee proposing to provide course(s) in the 21st CCLC program that are required under Section 27-22 of the School Code (105 ILCS 5/27-22) for receipt of a diploma from an Illinois public high school? If yes, complete this page. If no, select No and save the page before proceeding to the next page. *										
Course Nam	ie							Amount of	Credit	
Course Description										
Is this cours	se offered during) the regula	ar school year?							
If yes, evolution	U Yes U No									
	If yes, explain how offering the course will be supplemental to, rather than supplanting, courses offered in the regular school curriculum.									

Additional Requirements Page

Illinois State Board of Education	eGMS - Grants Applicat	EGMS HOME ISBE HOME LOGOFF
Applicant: SPEC EDUC ASSOC OF ADAMS COUNTY Application: 2012-2013 21st Century CLC Continuation - 88 Cycle: Original Application Project Number: 13-4421-88-01-001-1720-61-test 2	County: Adams	21st Century CLC Continuation Printer-Friendly Click to Return to Application Select
Overview Applicant Information FFATA Collaboration Goals Program Summary Additional Program Requirements	Program Budget Assurance Specific Pages Pages Graduation Courses	Application Page Lock Application History Control Print Additional Requirements Instructions
A. By checking each box below, the applicant acknowledg such information will be provided promptly upon direction The Spring Survey, part of the annual statewide eva The Profile and Performance Information Collection S Report can be submitted to the US Department of Ec	es that additional information is required throug or request. * luation, will be completed and submitted by the Ju ystem (PPICS) data will be current and complete Jucation.	phout the year as noted below, and that une 30 due date. by 10/31/12 so that the Annual Performance
 The latest written program evaluation completed internation ISBE. The evaluation for the 2011-2012 school year All corrective action plans submitted to ISBE have been Any and all co-applicants have signed a copy of all accepted and a school year 	ernally or by an external evaluator for school year has begun and is on schedule for completion and en fully implemented (if applicable), OR no correct ssurances and an original signature is on file with	r 2010-2011 is completed and submitted to submission to ISBE by December 2012. tion action plans were required. I the applicant for review upon request.

Additional Requirements Page – cont.

B. The following forms, provided as hyperlinks below, must be completed and uploaded for each site served with, or to be served with, 21st Century Community Learning Center funds. *
Site Summary for 2011-2012 (Attachment 3)
Projected Site Summary for 2012-2013 (Attachment 4)
Click here for instructions on how to upload a file
Browse Upload
Files that have been uploand will display in the space below.
Delete Selected Files

B. The following forms, provided as hyperlinks below, must be completed and uploaded for each site served with, or to be served with, 21st Century Community Learning Center funds. *

Site Summary for 2011-2012 (Attachment 3)

Projected Site Summary for 2012-2013 (Attachment 4)

Click here for instructions on how to upload a file						
Browse	Upload					
Files that have been uploaded will display in the space below						
RSSPPgmSpecificUpload.pdf	Delete Selec					

elected Files

Additional Requirements Page – cont.

В.	The following forms,	provided as h	hyperlinks below	r, must be com	pleted and up	ploaded for each s	site served with,	or to be served with,
219	st Century Communit	y Learning Ce	enter funds. *					

Site Summary for 2011-2012 (Attachment 3)

Projected Site Summary for 2012-2013 (Attachment 4)

<u>Click here for instructions on how to</u> <u>upload a file</u>

Browse...

Files that have been uploaded will display in the space below.



Upload

Additional Requirements Page – cont.

C. The Equitable Participation of Private Schools form, provided as a hyperlink below, and Principal letters/Memos of Understanding
(MOUs) must be completed, signed and mailed in to the ISBE office, OR a signed, scanned copy may be uploaded using the Upload button
above.*

REMINDER: Copies of all forms with original signatures must be retained by the applicant for review upon request.

Equitable Participation of Private Schools (Attachment 11)

Completed, signed Equitable Participation of Private Schools forms and signed Principal letters or MOUs may be mailed to:

Uploaded 🔲 Mailed to ISBE

Uploaded 🔲 Mailed to ISBE

21st Century Program Staff Innovation and Improvement 100 North First Street, N-242 Springfield, IL 62777-0001

D. Indicate transmittal status for each of the required documents listed below:

Uploaded

Uploaded

- 1) Site Summary for 2011-2012
- 2) Projected Sites for 2012-2013
- 3) Private School Consultation Form
- Signed Principal Letter or MOU (one for each school served)
- * Required information

Save Page

Technology Acquisition Page

Illinois State Board of Education	eGMS - Gran	ts Application	EGMS HOME ISBE HOME LOGOFF
Applicant: SPEC EDUC ASSOC OF ADAMS COUNTY Application: 2012-2013 21st Century CLC Continuation - 88 Cycle: Original Application	County: Adams		21st Century CLC Continuation
Project Number: 13-4421-88-01-001-1720-61-test 2			Click to Return to Application Select
Overview Applicant Information FFATA Collaboration	Program Budget As Specific Pages As	ssurance Pages Submit Applicat Histor	tion Page Lock Application ry Control Print
Acquisition	<u>Allotment</u>	<u>Detail</u>	<u>Budget</u>
Technology Acquisition Information C Yes No The applicant is requesting applicant one.	proval to purchases technology	/. * If yes, complete this page. I	Link Text
A. Enter the item description, the number requested, a <u>Item Description</u>	and the per unit cost. The tota	al cost will be calculated when the Number Needed C	t he page is saved. ost Per Unit <u>Total Cost</u>

Technology Acquisition Page – cont.

B. List the locations where all technology purchases will be used and where they will be stored when not in use. (0 of 1000 maximum characters used)
C. Provide user information.
Enter the number of students who will access this technology (enter 0 if not applicable)
Enter the number of parents who will access this technology (enter 0 if not applicable)
D. Define the timeframe for implementation of this technology (i.e., start date, number of weeks, etc.) (0 of 1000 maximum characters used)
E. Explain the purpose of the technology and its use in direct instruction of students or parents. If the intended use is for students, specify the focu area involving core academic subjects with the technology.
(0 of 1000 maximum characters used)
F. Indicate the delivery system using this technology (e.g., lesson plans, curriculum, software, etc.)
(0 of 1000 maximum characters used)

Technology Acquisition Page – cont.

G. Describe the process used to measure student academic growth through use of the this technology. (0 of 1000 maximum characters used)

H. The applicant is utilizing the National Educational Technology Standards (NETS) within the 21st CCLC program

C Yes

If no, describe how Digital Citizenship is being taught to students. (0 of 1000 maximum characters used)

I. Students and/or parents will be allowed to check out technology equipment.

C Yes

If yes, describe the checkout process. (0 of 1000 maximum characters used)

If yes, describe the procedures for ensuring the return of the item(s). (0 of 1000 maximum characters used)

Technology Acquisition Page – cont.

J. Describe the inventory procedures for technology items.

NOTE: Inventory records should, at a minimum, include item description, original per unit price, location, and item serial number. (0 of 1000 maximum characters used)

* Required fields

Save Page

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 4:30pm CST, Monday - Friday or Click here to Contact Us Copyright © 2012, Illinois State Board of Education

Allotment Page

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Applicant: SPEC EDUC ASSOC OF ADAMS COUNTY Application: 2012-2013 21st Century CLC Continuation - Cycle: Original Application Project Number: 13-4421-88-01-001-1720-61-test 2	County: Adams 88	21st Century CLC Continuation ▼ Printer-Friendly <u>Click to Return to Application Select</u>
Overview Applicant FFATA Collabo	ration Program Budget Assurance Submit Appli Specific Pages Budget His Allotment Detail	cation Page Lock Application tory Control Print Budget
Allotment		Instructions
	CCLC-21Cent	
Current Year Allotment	\$999	
Reallotted Funds (+)		
Released Funds (-)		
Carryover (+)		
PrePayment (+)		
SUB TOTAL	\$999	
Multi-District		
Transfer In (+)	<u>0</u>	
Transfer Out (-)	0	
Administrative Agent		
ADJUSTED SUB TOTAL	\$999	
TOTAL AVAILABLE	\$999	
	CCLC-21Cent	
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Budget Detail Page

B	oard of Educ	ation		eGMS	6 - Gran	ts Ap	plicat	ion			SESSION 59
licant: SPE lication: 20 le: Original ject Number	C EDUC ASSOC O 012-2013 21st Ce Application r: 13-4421-88-01	F ADAMS COU ntury CLC Co -001-1720-6	INTY ntinuation - 88 1-test 2	County: A	Adams			21	Lst Cen <u>Click to</u>	tury CLC Co	ontinuation Printer-Frien pplication Sel
verview.	Applicant Information Technology Acquisition	FFATA	Collaboratio	n <u>Program</u> Specific <u>Allotment</u>	Budget As Pages	Pages	<u>Submit</u> Budget Detail	Application History	<u>Pa</u> <u>C</u>	<u>ge Lock</u> Control Budget	Applicatio Print
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Instructional Salaries, 1000, 100

 Positions here MUST spend a majority of their time in <u>direct instruction</u> of students.

• Employees of the Fiscal Agent

- Teachers
- Teacher aides
- Tutors
- Others who may teach or lead activities

Budget Salaries, 100

- 10 teachers (5 math, 5 reading) X \$25 hr X 2 hrs/wk X 28 wks--\$70,000
- 5 math tutors X \$10/hr X 2hrs/wk/28 wks = \$2800
- 5 recreation leaders X \$15 hr X 1hr/wkX28 wk= \$2100

Benefits Examples, 200 & 300

• 200

- 10 teachers TRS
- 5 tutors IMRF
- 5 recreation FICA
- <u>300</u>-- (Considered employers' insurance)
 - 5 Rec Leaders Workers' comp
 - 5 Rec Leaders Unemployment comp

Purchased Services 1000, 300

- Workers' compensation
- Unemployment compensation
- Fees for presentations to students
- Field trip entrance fees
- Software license fees
- Salaries of those not employed by fiscal agent
 - Agencies who provide instruction
 - Teachers, tutors, etc
 - Rec Leaders from YMCA

Supplies and Materials 1000, 400

- It is not enough to put supplies and materials on the budget and provide a total amount.
- Examples must be given—supplementary reading books, folders, flip charts, art supplies, educational software.
- Equipment and technology purchases must be preapproved by ISBE and shown to be for educational purposes (core academics).
- Incentives—(must include what is to be used) these must be educational.

Capital Outlay (1000/2220/2230/3000,500)

 Newly opened cells for equipment purchases when items > than \$500 per unit.

Non-Capitalized Equipment (1000/2220/2230/3000,700)

 If entity has an entity-wide, board approved capitalization threshold, then those items under that amount, yet > \$500 go in 1000,700.

Budget Detail Page – cont.

Create Additional Entries	
Total Direct Costs - Capital Outlay Costs Allowable Direct Costs Indirect Cost Rate % Maximum Indirect Cost *	0 0 0 0.00 0
Total Allotment 999 Grand Total Allotment Remaining	0
Calculate Totals Save Page *If expenditures are budgeted in functions 2520, 2570, 2640, or 2660, the indirect cost rate cannot be used.	
Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 4:30pm CST, Monday - Friday or Click here to Copyright © 2012, Illinois State Board of Education	Contact Us

Budget Page

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LINE	FUNCTION	EXPENDITURE ACCOUNTI	NG	SALARIES 100	BENEFITS 200	SERVICES 300	MATERIALS 400	OUTLAY 500	EQUIP** 700	TOTAL
1	1000	Instruction								
2	2110	Attendance & Social Work Serv	vices							
3	2120	Guidance Services								
4	2130	Health Services								
5	2140	Psychological Services								
6	2150	Speech Pathology and Audiolo Services	gy							
7	2210	Improvement of Instruction Se	rvices							=
8	2220	Educational Media Services								
9	2230	Assessment & Testing								
10	2300	General Administration								
13	2520	Fiscal Services*								
15	2540	Operation & Maintenance of Pl Services	ant							
16	2550	Pupil Transportation Services								
17	2560	Food Services								
18	2570	Internal Services*								
20	2620	Planning, Research, Dev. & Eva Services	al.							
21	2630	Information Services								
22	2640	Staff Services*								
23	2660	Data Processing Services*								
24	2900	Other Support Services								
25	3000	Community Services								
26	4000	Payment to Other Districts and Governmental Units	t							
6					99			👿 🔛 🔂 🐼	🚽 🖬 🔶 🧮	12:35 PM

GRANT AMENDMENTS

WHEN TO AMEND:

- If anticipated expenditures will exceed 20% or \$1,000, whichever is greater, on a <u>budgeted</u> cell.
- When there is a major change in project scope.
- When you are adding a new expenditure item.
- If unique program requirements are added or changed.

Assurances Pages

		EGMS HOME ISBE HOME LOGOFE
Board of Education	eGMS - Grants Ap	blication Session 59:54
Applicant: SPEC EDUC ASSOC OF ADAMS COUNTY	County: Adams	21st Century CLC Continuation 💌
Application: 2012-2013 21st Century CLC Continuation - 88 Cycle: Original Application		Printer-Friendly
Project Number: 13-4421-88-01-001-1720-61-test 2		Click to Return to Application Select
Overview. Applicant Information FFATA. Collaboration	Program Budget Assurance Specific Pages Pages	Submit Application Page Lock Application State State Print Print
Assurances Debarment	<u>Lobbying</u>	Assurances Assurances
Specific Terms of the Grant		Instructions
By checking this box, the applicant hereby certifies that applicable to the program for which funding is requested	t he or she has read, understood and wi ed.	l comply with the assurances listed below, as
1. The program will be administered in accordance with a	all applicable statutes, regulations, progr	am plans, and applications:
A. the control of funds provided under the program nonprofit private agency, institution, organization those entities; and	and title to property acquired with progra 1, or Indian tribe, if the law authorizing th	am funds will be in a public agency or in a ne program provides for assistance to
B. the public agency, nonprofit private agency, instit extent required by the authorizing statutes.	ution, or organization, or Indian tribe wil	l administer the funds and property to the
2. The applicant will adopt and use proper methods of a	dministering each such program, includin	g:
A. the enforcement of any obligations imposed by la carrying out each program; and	w on agencies, institutions, organization	s, and other recipients responsible for
B. the correction of deficiencies in program operation	ns that are identified through audits, mor	nitoring, or evaluation.
The applicant will cooperate in carrying out any evalua Secretary, or other Federal officials.	ition of the program conducted by or for	the State Educational Agency, the
The applicant will use such fiscal control and fund according federal funds paid to the applicant under each such presented.	ounting procedures as will ensure proper rogram.	disbursement of, and accounting for,
5. The applicant will:		
A. submit such reports to the Illinois State Board of Secretary as the State Educational Agency and So perform their duties under each such program; ar	Education (which shall make the reports ecretary may require to enable the State nd	available to the Governor) and the Educational Agency and the Secretary to
http://wBrmaintain such records, provide such information,	and afford such access to the records as	the Illinois State Board of Education

Assurances Signature Page

Board of Education	eGMS - Grants	Application	SESSION 59:59
licant: SPEC EDUC ASSOC OF ADAMS COUNTY lication: 2012-2013 21st Century CLC Continuation - 88 e: Original Application ect Number: 13-4421-88-01-001-1720-61-test 2	County: Adams	215	t Century CLC Continuation Printer-Friendly Click to Return to Application Select
Perview Applicant Information FFATA Collaboration Program Debarment	Program Budget Assur Specific Pages Pag Lobbving	ance es <u>Submit</u> <u>Application</u> History <u>State</u> Assurances	Page Lock Application Control Print Assurances
e authorized representative of the applicant who will aff l comply with all of the provisions of the following certific TE: These boxes will be automatically filled in as eac Assurances for 21st Century Community Learning Cen Certification Regarding Debarment, Suspension, Inelig Certification Regarding Lobbying Certifications and Assurances, and Standard Terms of	fix his or her signature below cert ations and assurances. h of the separate certifications/a ter Continuation grants ibility and Voluntary Exclusion - L the Grant	ifies that he or she has read, und ssurances are read and completed ower Tier Covered Transactions	erstood and
Not calling IWAS Web Signature of School Signature of Board-G Superintendent	District Superintendent / Agency / Certified Delegated Authority for t	Administrator he School District	

Submit Page

Board of Education	eGMS - Grants A	oplication	SESSION 5915
<pre>vpplicant: SPEC EDUC ASSOC OF ADAMS COUNTY vpplication: 2012-2013 21st Century CLC Continuation vycle: Original Application vroject Number: 13-4421-88-01-001-1720-61-test 2</pre>	County: Adams n - 88	21st	Century CLC Continuation <u> Printer-Friendl</u> lick to Return to Application Selec
Applicant	Program Budget Assurance	Application	
Overview Information FFATA Collab	Boration Specific Pages Pages	Submit History	<u>Page Lock</u> <u>Application</u> <u>Control</u> <u>Print</u>
<u>Overview</u> <u>Information</u> <u>FFATA</u> <u>Colla</u>	<u>poration</u> <u>Specific</u> <u>Pages</u> <u>Pages</u>	<u>Submit</u> <u>History</u>	Page Lock Application Control Print.
Overview Appnents FFATA Collai Submit Assurances must be reviewed a	and approved by your Local IWAS A application.	dministrator before y	Page Lock Control Application Print. Instruction: ou can submit your
Overview Information FFATA Colla Submit Assurances must be reviewed a Cons	and approved by your Local IWAS A application.	dministrator before y	Page Lock Application Control Print.
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Submit Page – Data Entry Level

Submit	
	The application has not been submitted. Lock Application
Assurances were agreed to on:	6/7/2012
District Data Entry	Submit to Administrator
Business Manager District Administrator	
ISBE Program Administrator #1 ISBE Program Administrator #2	
ISBE Program Administrator #3	

Submit Page – Business Manager Level

Submit			Instruc						
The application has not been submitted.									
	Lock Application	Jnlock Application							
Accurances were agreed to any	6/7/2012								
Consistency Check was run on:	6/7/2012								
District Data Entry submitted for district review on:	6/7/2012								
Business Manager		Submit to Administrator	Disapprove						
District Administrator									
ISBE Program Administrator #1									
ISBE Program Administrator #2									
ISBE Program Administrator #3									

Submit Page – District Administrator Level

Submit	Instructions					
Attention! The submissions made to the Illinois State Board of Education by the applicant and the terms and conditions described in each tab of this applicat shall constitute the grant agreement between the applicant and the Illinois State Board of Education for the use of the funds described in the "Bu Detail" tab. This grant agreement shall be deemed to be entered into when the application has been approved by the Illinois State Board of Educ This grant agreement constitutes the entirety of the agreement between the parties and supersedes any other agreement or communication, whe written or oral, relating to the award of the grant funds. The person submitting this application on behalf of the applicant certifies and assures th Illinois State Board of Education that he or she has been duly authorized to file this application for and on behalf of the applicant, and otherwise as the authorized representative of the applicant in connection with this grant agreement. This grant agreement may not be amended or modifier except as by receiving approval for an amendment through the IWAS application process. By hitting "Submit," this grant agreement shall be dee be executed on behalf of the applicant. Lock Application Unlock Application						
A	6/7/0010					
Assurances were agreed to on:	0///2012					
Consistency Check was run on:	6/7/2012					
District Data Entry submitted for district review on:	6/7/2012					
Business Manager forwarded for administrator review on:	6/7/2012					
District Administrator	Submit to ISBE Disapprove					

Submit Page – ISBE Approval Levels

Board of Education	eGMS - Grants Ap	plication SESSION SOLE
upplicant: SPEC EDUC ASSOC OF ADAMS COUNTY upplication: 2012-2013 21st Century CLC Continuation cycle: Original Application 'roject Number: 13-4421-99-01-001-1720-61-test	County: Adams n - 99	21st Century CLC Continuation Printer-Friend Click to Return to Application Sele
Overview Applicant FFATA Colla	boration. Program Budget Assurance Specific Pages Pages	Submit Application Page Lock Application History Control Print
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Submit T Cons	he application has been submitted for	Treview.
Submit T Assurances were agreed to on:	he application has been submitted for histency Check Lock Application Univ	Treview.
Submit T Cons Assurances were agreed to on: Consistency Check was run on: District Data Entry	he application has been submitted for instency Check Lock Application Uni- def e	Treview. ock Application
Submit T Ussurances were agreed to on: Consistency Check was run on: District Data Entry Usiness Manager Histrict Administrator submitted to ISBE on:	he application has been submitted for instency Check Lock Application Unit é é é	Instruction ock Application 5/7/2012 5/7/2012 5/7/2012
Submit T Assurances were agreed to on: Consistency Check was run on: District Data Entry Business Manager District Administrator submitted to ISBE on: SBE Program Administrator #1 approved the ap SBE Program Administrator #2 SBE Program Administrator #3	he application has been submitted for astency Check Lock Application Unit e d plication on:	Instruction ock Application 5/7/2012 5/7/2012 5/7/2012 5/7/2012 5/7/2012

Application History Page

County: Adams	21st Century CLC Continuation Printer-Frier Click to Return to Application Se
ogram Budget Assurance pecific Pages Pages	Submit Application Page Lock Application History Control Print
UserId	Action Date
egnispar	06-07-2012
egmspa1	06-07-2012
egmsda1720	06-07-2012
eamsbm1720	06-07-2012
egmsbm1720	06-07-2012
eamsde1720	06-07-2012
egmsda1720	06-07-2012
egmsbm1720	06-07-2012
egmsde1720	06-07-2012
	Ogram pecific Budget Pages Assurance Pages Second Pages UserId egmspa1 egmspa1 egmspa1 egmsda1720 egmsbn1720 egmsbm1720 egmsbm1720 egmsda1720 egmsda1720 egmsbm1720 egmsbm1720 egmsda1720 egmsda1720 egmsbm1720 egmsda1720 egmsda1720 egmsda1720 egmsda1720 egmsda1720 egmsda1720 egmsda1720

Page Lock Control Page

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Tilinois State			EGMS HOME	ISBE HOME LOGOFF
Board of Education	eGMS - Gran	nts Applicat	ion	SESSION 59:58
Applicant: SPEC EDUC ASSOC OF ADAMS COUNTY Application: 2012-2013 21st Century CLC Continuation - 99 Cycle: Original Application Project Number: 13-4421-99-01-001-1720-61-test	County: Adams		21st Century CLC (<u>Click to Return to</u>	Continuation Printer-Friendly Application Select
Overview Applicant Information EFATA Collaboration The application has been submitted. No more updates wi Second	- <u>Program</u> <u>Budget</u> <u>Specific</u> <u>Pages</u>	Assurance Pages Submit	Application History Control	Application Print_
Page Review Status				Instructions
21st Century CLC Continuation			Page Status	for editing
21st Century CLC Continuation			Unlock Section	
Applicant Information			OPEN	
FFATA			FINAL	
Collaboration			Unlock Section	
Co-Applicants			LOCKED	
Partners			LOCKED	
Subcontractors			LOCKED	
Program Specific			Unlock	
Goals			LOCKED	
Program Summary			LOCKED	
Graduation Courses			LOCKED	
Additional Requirements			LOCKED	
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Application Print

Board of Education	eGMS - Grants Application				
Overview Applicant FFATA Collaboration	Program Bu Specific Pa	dget <u>Assurance</u> gges <u>Pages</u>	Submit Application History	Page Lock Control	Application Print
electable Application Print					Instruction
e application has been submitted. No more updates will	be saved for the	application.			
quest Print Job		Requested Print Jo	bs		
21st Century CLC Continuation		Completed Print Jo	bs		
Applicant Information					
✓ FFATA					
Collaboration					
Program Specific					
✓ <u>Budget Pages</u>					
Assurance Pages					
Submit					
 Submit Application History 					
Submit Application History Page_Lock Control					

Submission Process Steps

- Complete and successfully save all pages.
- Run the Consistency Check on the Submit page.
- Submit to the next review level, up through the District Administrator.
- Have District Administrator sign all Assurances pages.
- District Administrator should submit to ISBE.

Review Process Steps

- ISBE reviewers will review the application and note any questions or concerns on the Review Checklist document.
- If ISBE staff reviews and finds no questions or concerns, the application will be approved and the budget will be loaded into FRIS.
- If there are questions or concerns, the ISBE reviewer will return the document to the district.
- An e-mail is generated to everyone on the History page when an application is returned for changes or approved.

Review Process Steps – cont.

- If the application is returned for changes, the applicant will receive an e-mail notification that the application has been returned for changes.
- The applicant should open the Review Checklist, which also opens the application for changes to be made.

Review Checklist Button

A 15 15	Select an application	i ii olii tile iist(s) below a	and press one of t	the following buttons.		
en Application	Create Amendment	Delete Application/A	Amendment	Review Checklist		
rint requests may bending on deman	take up to several hours of for conversion to a PDF.					
Applicat	ion / Amendment	Original Submit Date		Status	Status Date	Const
	int requests may bending on deman Applicat	int requests may take up to several hours bending on demand for conversion to a PDF. Application / Amendment	Application / AmendmentOriginal Submit Date	Application / Amendment Original Submit Date	Application / Amendment Original Submit Date Status	Application / Amendment Original Submit Date Status Status Date

Review Checklist – cont.

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Board of Education				SESSION 58:48
Applicant: Application: 00 Cycle: Amendment 1			(Checklis	it: District View Only Printer-Friendly
Project Number: 12-3705-00-01-001-0020-26-Liberty CUSD#2 FY12 PSA 3-5				
				Spell Check
	<u>Review</u> <u>Checklist</u>			
Draschool for All Bayiaw Chacklist				
1. A general issue needs to be addressed. Not Applicable 💌				
Check to add comment.	malata			
No	implete.			
Check to add comment.				
Provide the position title ja 3-12-12				*
3. The information on the Joint Agreement page is	s complete.			
No				
Check to add comment.				
Provide address for 2nd member of the joint a	agreement ja 3-12-12			*

Review Process Steps – cont.

- After addressing all issues, the applicant must re-run the Consistency Check on the Submit page.
- Then the application must be re-submitted to ISBE.
- ISBE staff will review and ensure that all questions/concerns have been addressed.
- ISBE staff will approve the application, which loads the budget into FRIS.

Important Dates

- Start Date = the initial submission date OR July 1, whichever is later. All applications must be submitted no later than September 4, 2012.
- End Date = June 30, 2013 unless summer activities are requested. If summer activities, request an end date of 08/31/2013 on the Applicant Information page.
- Amendment Due Date = all amendments must be submitted no later than 30 days prior to the approved end date of the project.

General Helps

- There are Instruction hyperlinks at the top of each application page. Don't forget to use them if needed.
- There is a spell-check link available. Follow the onscreen directions to use it.
- There is a "printer-friendly" option to view a completed page to show all information. You may use this to print out a particular page if you do not need the entire application.

General Help – cont.

- Work from left to right for best results.
- Make sure all pages are saved before moving to another tab.
- Save your work throughout the completion process
- Keep originals of any signed documents such as Private School Consultation forms and Principal Letters on file.
- Use the helpdesk. Call them at (217)558-3600 between 7:00am – 4:30pm.

REMINDER: NEVER Use the Browser "Back" Button!!



Questions?

Contact Information

For questions about the 21st CCLC continuation application contact:

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Marci Johnson <u>marjohns@isbe.net</u>

Joyce Krumtinger jkrumtin@isbe.net

Help Desk 217-558-3600