21st Century Community Learning Centers
FY13 Continuation Application

Illinois State Board of Education
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
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 21\textsuperscript{st} Century Continuation System
To Create the Application – cont.
Overview Page

Program Overview

Program: 21st Century Community Learning Centers Program - Continuation
Purpose: To provide academically focused after-school programs, particularly to students who attend high-poverty, low-performing schools, to help those students meet state and local performance standards in core academic subjects and to offer families of participating students opportunities for literacy and related educational development.
Funding: Allocations are preliminary, and 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 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.
Program Type: Continuation of Federal Competitive Grant
Legislation: Public Law 107-110
Guidance: 21st Century Community Learning Centers Non-Regulatory Guidance
Due Date: As soon as possible, but no later than June 30 if a July 1 start date is required
Amendment Due Date: Not later than 30 calendar days prior to the ending date of the program
Grant Period: July 1, 2012 - June 30, 2013
Begin Date: July 1 OR the submission date of the original application, whichever is later
End Date: June 30 unless an extension is approved on the Applicant Information page
Expenditure Reports: Cumulative expenditure reports quarterly and a final completion report are required.
Program Reports: Periodic program data reports must be completed as requested
### Applicant Information Page

**Application Information:**
- **Applicant:** PAYSON CUSD 1
- **Application:** 2012-2013 21st Century CLC Continuation -
  - Cycle: Original Application
- **Project Number:** 12-4421-01-001-00010-26: Cohort 10 - Year 2

#### Applicant Information

**Contact Person**

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name*</th>
<th>Address 1*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Address 2*</th>
<th>City*</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>State*</th>
<th>Phone*</th>
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<table>
<thead>
<tr>
<th>Zip +4*</th>
<th>Extension</th>
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<table>
<thead>
<tr>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Check here to have all IWAS notices sent ONLY to the district administrator. Unless checked, all IWAS notices will be distributed to all the LEA personnel whose name(s) appear on the Application History page.**
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 NCBE 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: July 1, or the submission date of the original application, whichever is later
End Date: 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 06/31/2013.*

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

*Required field

Save Page
**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 actions to meet the purpose and goals of the Federal grant. If there are multiple funding actions, provide a description for each funding action.*

**Example of project description:**

Participants receive instruction and enrichment in the areas of reading, math, and other core subjects. Parents of participants are provided ongoing services. Professional development based on need is included, and the program is evaluated annually.

**Project Description (do not use the & symbol) **

(0 of 255 maximum characters used)

**Agency DUNS Number**: Enter (A DUNS number may already exist for your organization - verify with your chief business official)

[Click here for additional DUNS information]
FFATA Page – cont.

**Agency’s Annual Gross Revenues**:  
- 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*.

Regulations for Reporting Executive Compensation and First Tier Subcontract Awards (JUL 2010)

<table>
<thead>
<tr>
<th>Name</th>
<th>Total Compensation</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

* Required field

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Collaboration Tab

Co-Applicants

Is this application submitted with co-applicants? * If yes, complete this page. If no, save page and continue to the next page.

Complete this page if this application has co-applicants. Provide the requested information for each co-applicant. Retain supporting documentation, such as original signatures and co-applicant agreements, on file with the submitting applicant.

Add Additional Entries  Save Page
Co-Applicants Page

<table>
<thead>
<tr>
<th>Overview</th>
<th>Applicant Information</th>
<th>FFATA</th>
<th>Collaboration</th>
<th>Program Specific</th>
<th>Budget Pages</th>
<th>Assurance Pages</th>
<th>Submit</th>
<th>Application History</th>
<th>Page Lock Control</th>
<th>Application Print</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

### Co-Applicants

Is this application submitted with co-applicants?  
* If yes, complete this page. If no, save page and continue to the next page.

Complete this page if this application has co-applicants. Provide the requested information for each co-applicant. Retain supporting documentation, such as original signatures and co-applicant agreements, on file with the submitting applicant.

<table>
<thead>
<tr>
<th>Region-County-District-Type Code</th>
<th>Co-Applicant Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Authorized Official Information:**

- Last Name: 
- First Name: 
- Middle Initial: 
- Address 1: 
- Address 2: 
- City: 
- State: 
- Zip +4: 
- Phone: 
- Extension: 
- Fax: 
- Summer Phone: 
- Extension: 
- Email: 

[Instructions]
Partners Page

![eGMS - Grants Application](image)

**Partner Information**

- **Is this application submitted with partners?** If yes, complete this page. If no, save page and continue to the next page.

  - **Partner Organization Name**
  - **Dollar Value of In-Kind Services**
  - **Cash Contribution Amount**

---

20
Subcontractors Page

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.
Subcontractors Page – cont.

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 below must appear in the program budget details with each expense clearly delineated. Any contract with a governmental entity must be budgeted in Function 4000, Object 300.

<table>
<thead>
<tr>
<th>Subcontractor Firm Name (if applicable)</th>
<th>Contact Last Name</th>
<th>Contact First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address 1

Address 2

City

State

Zip Code + 4

Describe the need and purpose for subcontracting.

Describe the measurable and time-specific service(s) to be provided.

Provide the amount to be paid under the subcontract.
Program Specific Tab

## 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 added. Use 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 technology, arts, 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 goals.

(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 outcomes.

(0 of 1500 maximum characters used)
### B. State Goals

For each Applicant Goal, indicate which State Goal(s) will be addressed. Check as many as applicable.

<table>
<thead>
<tr>
<th>Applicant Goal Numbers</th>
<th>State Goals to be Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Goal 1: Schools will improve student achievement in core academic areas.</td>
</tr>
<tr>
<td></td>
<td>Goal 2: Schools will show an increase in student attendance and graduation from high school.</td>
</tr>
<tr>
<td></td>
<td>Goal 3: Schools will see an increase in the social-emotional skills of their students.</td>
</tr>
<tr>
<td></td>
<td>Goal 4: Programs will collaborate with the community.</td>
</tr>
<tr>
<td></td>
<td>Goal 5: Programs will coordinate with schools to determine the students and families with the greatest need.</td>
</tr>
<tr>
<td></td>
<td>Goal 6: Programs will provide ongoing professional development to program personnel.</td>
</tr>
<tr>
<td></td>
<td>Goal 7: Programs will collaborate with schools and community based organizations to provide sustainable programs.</td>
</tr>
</tbody>
</table>

---

**Save Page**
### Program Summary

#### A. Students Served
- Number of students projected to be served in 2011-2012 as entered on the FY12 application
- Number of students actually served in 2011-2012

Explain in detail any differences between the projected and actually served counts. If no differences, enter NA below.

#### B. Schools Served
- The schools to be served are the SAME as those served in 2011-2012.
- The schools to be served are DIFFERENT from those served in 2011-2012.

Describe any proposed changes to the schools served and provide reasons for any such changes.

NOTE: All changes must be approved by ISBE.
C. Program Changes
Indicate any changes in the scope of the program (from the last approved application or amendment) that are proposed for the 2012-2013 school year.

☐ No Changes
☐ Program Changes (describe all changes below)

---

D. Promising/Innovative Best Practices
Describe how your programs for 2012-2013 incorporate promising/innovative best practices.

---

E. Activity Funding
Indicate how the activities listed below will be funded. Check all that apply.

<table>
<thead>
<tr>
<th>Family Engagement</th>
<th>21st Century Grant</th>
<th>Other Federal, State, Local Funds</th>
<th>In-Kind Donations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation Services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## F. Activity Description

Describe activities in each of the three areas noted below, regardless of the funding source paying for the activity.

<table>
<thead>
<tr>
<th>Family Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0 of 1500 maximum characters used)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0 of 1500 maximum characters used)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>(0 of 1500 maximum characters used)</td>
</tr>
</tbody>
</table>
Graduation Courses

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.
Graduation Courses – cont.

<table>
<thead>
<tr>
<th>State-Required Graduation Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
</tr>
</tbody>
</table>

**Course Name**

Amount of Credit

**Course Description**

**Is this course offered during the regular school year?**

**Yes**  **No**

If yes, explain how offering the course will be supplemental to, rather than supplanting, courses offered in the regular school curriculum.
## Additional Program Requirements

A. By checking each box below, the applicant acknowledges that additional information is required throughout the year as noted below, and that such information will be provided promptly upon direction or request. *

- [ ] The Spring Survey, part of the annual statewide evaluation, will be completed and submitted by the June 30 due date.
- [ ] The Profile and Performance Information Collection System (PPICS) data will be current and complete by 10/31/12 so that the Annual Performance Report can be submitted to the US Department of Education.
- [ ] The latest written program evaluation completed internally or by an external evaluator for school year 2010-2011 is completed and submitted to ISBE. The evaluation for the 2011-2012 school year has begun and is on schedule for completion and submission to ISBE by December 2012.
- [ ] All corrective action plans submitted to ISBE have been fully implemented (if applicable), OR no correction action plans were required.
- [ ] Any and all co-applicants have signed a copy of all assurances and an original signature is on file with the applicant for review upon request.
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

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

[Link to download file]
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

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

- [RSSPPgmSpecificUpload.pdf]

Upload

Delete Selected Files
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:
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:
1) Site Summary for 2011-2012
2) Projected Sites for 2012-2013
3) Private School Consultation Form
4) Signed Principal Letter or MOU (one for each school served)

* Required information
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 focus 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)
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
- Yes
- No
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.
- Yes
- No
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.

3. 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

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### Allotment Page

![Allotment Page Image](image)

The image displays a screen capture of an allotment page from a website, likely a government or educational application. The page contains information related to the 21st Century CLC (Community Learning Continuum) program, specifically for the Adams County. The page includes sections for applicant information, program specifics, budget details, and other financial data. The table below summarizes the financial details:

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Year Allotment</strong></td>
<td>CCLC-21Cent $999</td>
</tr>
<tr>
<td>Reallotted Funds (+)</td>
<td></td>
</tr>
<tr>
<td>Released Funds (-)</td>
<td></td>
</tr>
<tr>
<td>Carryover (+)</td>
<td></td>
</tr>
<tr>
<td>PrePayment (+)</td>
<td></td>
</tr>
<tr>
<td><strong>SUB TOTAL</strong></td>
<td>$999</td>
</tr>
<tr>
<td><strong>Multi-District</strong></td>
<td></td>
</tr>
<tr>
<td>Transfer In (+)</td>
<td>0</td>
</tr>
<tr>
<td>Transfer Out (-)</td>
<td>0</td>
</tr>
<tr>
<td>Administrative Agent</td>
<td></td>
</tr>
<tr>
<td><strong>ADJUSTED SUB TOTAL</strong></td>
<td>$999</td>
</tr>
<tr>
<td><strong>TOTAL AVAILABLE</strong></td>
<td>$999</td>
</tr>
<tr>
<td></td>
<td>CCLC-21Cent</td>
</tr>
</tbody>
</table>
Budget Detail Page
Instructional Salaries, 1000, 100

- Positions here MUST spend a majority of their time in **direct instruction** 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

• **300**– (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.

<table>
<thead>
<tr>
<th>Create Additional Entries</th>
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</table>

<table>
<thead>
<tr>
<th>Total Direct Costs</th>
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<tbody>
<tr>
<td>- Capital Outlay Costs</td>
<td>0</td>
</tr>
<tr>
<td>Allowable Direct Costs</td>
<td>0</td>
</tr>
<tr>
<td>Indirect Cost Rate %</td>
<td>0.00</td>
</tr>
<tr>
<td>Maximum Indirect Cost *</td>
<td>0</td>
</tr>
</tbody>
</table>

| Indirect Cost | 0 |

<table>
<thead>
<tr>
<th>Total Allotment</th>
<th>999</th>
</tr>
</thead>
</table>

| Grand Total Allotment Remaining | 999 |

*If expenditures are budgeted in functions 2520, 2570, 2640, or 2650, the indirect cost rate cannot be used.

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Budget Page

<table>
<thead>
<tr>
<th>LINE</th>
<th>FUNCTION</th>
<th>EXPENDITURE ACCOUNTING</th>
<th>SALARIES 100</th>
<th>EMPLOYEE BENEFITS 200</th>
<th>PURCHASED SERVICES 300</th>
<th>SUPPLIES &amp; MATERIALS 400</th>
<th>CAPITAL OUTLAY 500</th>
<th>NONCAP EQUIP 700</th>
<th>TOTAL</th>
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<td>Attendance &amp; Social Work Services</td>
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<td>Guidance Services</td>
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<td>Health Services</td>
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<td>Psychological Services</td>
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GRANT AMENDMENTS

WHEN TO AMEND:

– If anticipated expenditures will exceed 20% or $1,000, whichever is greater, on a budgeted 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.
### 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. The program will be administered in accordance with all applicable statutes, regulations, program plans, and applications:
   - A. the control of funds provided under the program and title to property acquired with program funds will be in a public agency or in a nonprofit private agency, institution, organization, or Indian tribe, if the law authorizing the program provides for assistance to those entities; and
   - B. the correction of deficiencies in program operations that are identified through audits, monitoring, or evaluation.

2. The applicant will adopt and use proper methods of administering each such program, including:
   - A. the enforcement of any obligations imposed by law on agencies, institutions, organizations, and other recipients responsible for carrying out each program, and
   - B. the correction of deficiencies in program operations that are identified through audits, monitoring, or evaluation.

3. The applicant will cooperate in carrying out any evaluation of the program conducted by or for the State Educational Agency, the Secretary, or other Federal officials.

4. The applicant will use such fiscal control and fund accounting procedures as will ensure proper disbursement of, and accounting for, Federal funds paid to the applicant under each such program.

5. The applicant will:
   - A. submit such reports to the Illinois State Board of Education (which shall make the reports available to the Governor) and the Secretary as the State Educational Agency and the Secretary may require to enable the State Educational Agency and the Secretary to perform their duties under each such program; and
   - B. maintain such records, provide such information, and afford such access to the records as the Illinois State Board of Education requires.
Submit Page

Assurances must be reviewed and approved by your Local IWAS Administrator before you can submit your application.

Consistency Check
Lock Application
Unlock Application
Submit Page – Data Entry Level

The application has not been submitted.

Lock Application  Unlock Application

Assurances were agreed to on: 6/7/2012
Consistency Check was run on: 6/7/2012
District Data Entry
Business Manager
District Administrator
ISBE Program Administrator #1
ISBE Program Administrator #2
ISBE Program Administrator #3

Submit to Administrator
The application has not been submitted.

Lock Application  Unlock Application

assurances were agreed to on:  6/7/2012
Consistency Check was run on:  6/7/2012
District Data Entry submitted for district review on:  6/7/2012

Business Manager
District Administrator
ISBE Program Administrator #1
ISBE Program Administrator #2
ISBE Program Administrator #3

Submit to Administrator  Disapprove
Submit Page – District Administrator Level

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 application shall constitute the grant agreement between the applicant and the Illinois State Board of Education for the use of the funds described in the “Budget Detail” tab. This grant agreement shall be deemed to be entered into when the application has been approved by the Illinois State Board of Education. This grant agreement constitutes the entirety of the agreement between the parties and supersedes any other agreement or communication, whether written or oral, relating to the award of the grant funds. The person submitting this application on behalf of the applicant certifies and assures the 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 to act as the authorized representative of the applicant in connection with this grant agreement. This grant agreement may not be amended or modified except as by receiving approval for an amendment through the TWAS application process. By hitting “Submit,” this grant agreement shall be deemed to be executed on behalf of the applicant.

Assurances were agreed to on: 6/7/2012
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 Page – ISBE Approval Levels
### Application History

#### eGMS - Grants Application

**Applicants:** SPEC EDUC ASSOC OF ADAMS COUNTY  
**County:** Adams  
**Grant Title:** 21st Century CLC Continuation - 99

<table>
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<th>Status Change</th>
<th>UserId</th>
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<td>06-07-2012</td>
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Have questions or need help? Contact our Call Center (217)555-3600 between 7:00am - 4:30pm CST, Monday - Friday or Click here to Contact Us.
Page Lock Control Page

The application has been submitted. No more updates will be saved for the application.
Application Print
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.

• 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

Select an application from the list(s) below and press one of the following buttons:

- Open Application
- Create Amendment
- Delete Application/Amendment
- Review Checklist

Print requests may take up to several hours depending on demand for conversion to a PDF.

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<tr>
<th>Application / Amendment</th>
<th>Original Submit Date</th>
<th>Status</th>
<th>Status Date</th>
<th>Consult</th>
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<td>06-04-2012</td>
<td>Returned for Changes</td>
<td>06-07-2012</td>
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Review Checklist – cont.

Preschool for All Review Checklist

1. A general issue needs to be addressed.
   - Not Applicable
   - Check to add comment.

2. The applicant information is appropriate and complete.
   - No
   - Check to add comment.
     - Provide the position title 3-12-12

3. The information on the Joint Agreement page is complete.
   - No
   - Check to add comment.
     - Provide address for 2nd member of the joint agreement 3-12-12

- 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:

Kristy Jones
kjones@isbe.net

Marci Johnson
marjohns@isbe.net

Joyce Krumtinger
jkrumtint@isbe.net

Illinois State Board of Education
Innovation & Improvement
217-524-4832

Help Desk 217-558-3600