



Illinois State Board of Education

100 North First Street, Springfield, Illinois 62777-0001

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 type="checkbox"/> New <input checked="" 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	586-18-0510
6.	CSFA Title	ARTS AND FOREIGN LANGUAGE
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	586-18-0510
12.	Funding Opportunity Title	ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT
13.	Funding Opportunity Program Field	COLLEGE AND CAREER READINESS
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 (<i>Include Area Code</i>)	
29.	Fax Number (<i>Include Area Code</i>)	
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 (<i>Include Area Code</i>)	
36.	Fax Number (<i>Include Area Code</i>)	
37.	E-Mail Address	

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Applicant Completed Section (Continued)

Areas Affected

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

Applicant's Project

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

Applicant Certification:

By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I 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 <i>(Include Area Code)</i>	
50.	Fax Number <i>(Include Area Code)</i>	
51.	E-Mail Address	
53.	Signature of Authorized Representative	
54.	Date Signed	



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College and Career Readiness Division
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Springfield, Illinois 62777-0001

ATTACHMENT 2

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

INSTRUCTIONS

Each grantee will be required to submit a mid-year and comprehensive year-end progress report regarding progress toward implementation of the program plan and achievement of program objectives. The reports shall be in the format specified by ISBE and shall be submitted 30 calendar days after the period of performance. Performance reports must include a comparison of actual accomplishments to the objectives of the program and indicate reasons why establish goals were not met, and modifications necessary for the program to be effective.

The grant is subject to the provisions of:

- Grant Accountability and Transparency Act (GATA), 30ILCS 708/1 et seq. Administrative Rules for GATA, 44 Ill. <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3559&ChapterID=7>
- Admin. Code Part 7000 <ftp://www.ilga.gov/JCAR/AdminCode/044/04407000sections.html>

Grantees should take note that failure to submit reports within the recommended timeframe may result in corrective action.

Performance reports should be written for all audiences at the federal, state and local level. The author's intent should be simplicity in approach and language, with professional jargon kept to a minimum.

Below is a description of the content for each section that is required for the Final Year Progress Report in the order they should appear in your report.

- Instructions
- Overview
- Enrollment and Participation Trends
- Implementation Review Process

Please submit this report to Angel Hoffek at ahoffek@isbe.net by the following date:

- June 30, 2017 (Final performance report)



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College and Career Readiness Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

OVERVIEW

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

Attach a copy of the Action Plan for your project and briefly summarize the results of the implementation process. Limit summary to two pages.



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College and Career Readiness Division
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Springfield, Illinois 62777-0001

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Springfield, Illinois 62777-0001

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ENROLLMENT AND PARTICIPATION TRENDS

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

Total number of students served as a result of the grant project: _____

1. Grade levels served (Indicate the number of students in the corresponding level)
- | | | | |
|---------|---------|---------|----------|
| K _____ | 4 _____ | 7 _____ | 10 _____ |
| 1 _____ | 5 _____ | 8 _____ | 11 _____ |
| 2 _____ | 6 _____ | 9 _____ | 12 _____ |
| 3 _____ | | | |

2. Demographic indicators of students served
- a. Race/Ethnicity (Indicate the number of students on each line)
- | | |
|------------------------|-------------|
| _____ White | _____ Asian |
| _____ African American | _____ Other |
| _____ Hispanic | |
- b. Low Income (Indicate the number of students)
- _____ Qualified for Free Lunch Program
- c. English Language Learners (Indicate the number of students)
- _____ ELL
- d. Special Educatio Students (Indicate the number of students)
- _____ IEP

TEACHER AND ADMINISTRATOR INFORMATION

Number of teachers hired for this grant project (indicate FTE) _____

Number of teachers participating in professional development offered through this project _____

Number of administrators participating in professional development offered through this project _____

TEACHER AND ADMINISTRATOR INFORMATION

Number of community volunteers participating in school-based projects as a result of this grant _____

Number of community volunteers participating in committee or other events as a result of this grant _____

NEW COURSE AND SECTION INFORMATION

In the following chart, list the name of the course, number of sections, and grade level for each new course added as a result of the implementation grant.

COURSE NAME	NUMBER OF SECTIONS	GRADE LEVEL



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College and Career Readiness Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

APPLICANT NAME (District Name and Number, if applicable)	REGION COUNTY DISTRICT TYPE CODE
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PART A: MEASURABLE OUTCOMES

What measurable outcomes did you establish for this project and what indicators did you use to measure performance? To what extent did your project achieve the outcomes?

OBJECTIVES	OUTCOME OF ACTIVITIES	SUCCESS OR FAILURE EVALUATION



Illinois State Board of Education

College and Career Readiness Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

APPLICANT NAME (District Name and Number, if applicable)	REGION COUNTY DISTRICT TYPE CODE
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College and Career Readiness Division
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ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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IMPLEMENTATION REVIEW PROCESS

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College and Career Readiness Division
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ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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

What, if any, challenges did you face during the project and what actions did you take to address these challenges?

CHALLENGES	ACTIONS TAKEN TO ADDRESS CHALLENGE	OUTCOMES



Illinois State Board of Education

College and Career Readiness Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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College and Career Readiness Division
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Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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College and Career Readiness Division
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ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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Illinois State Board of Education

College and Career Readiness Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

PART C: IMPACT OF PROJECT

What impact do you think this project has had to date? What are the lessons you learned from undertaking this project?

IMPACT OF PROJECT	OUTCOME OF PROJECT



Illinois State Board of Education

College and Career Readiness Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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College and Career Readiness Division
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Springfield, Illinois 62777-0001

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IMPLEMENTATION REVIEW PROCESS

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 Springfield, Illinois 62777-0001

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IMPLEMENTATION REVIEW PROCESS

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College and Career Readiness Division
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Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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

PART D: SUSTAINABILITY
 What will happen to the project after this grant has ended? Will project activities be sustained? Will project activities be replicated? If the project will be sustained or replicated what other funding sources will allow this to occur? Please note your significant partners in this project and if/how you will continue to work on this activity.



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Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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IMPLEMENTATION REVIEW PROCESS

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IMPLEMENTATION REVIEW PROCESS

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IMPLEMENTATION REVIEW PROCESS

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

Over the entire project period, what were the key publications and communications activities? How were they disseminated or communicated? Products and communications activities may include articles, issue briefs, fact sheets, newsletters, survey instruments, sponsored conferences and workshops, websites, audiovisuals, and other informational resources.



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College and Career Readiness Division
100 North First Street, C-215
Springfield, Illinois 62777-0001

ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT FINAL YEAR PERFORMANCE REPORT FOR FY 2017

IMPLEMENTATION REVIEW PROCESS

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IMPLEMENTATION REVIEW PROCESS

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