



# Illinois State Board of Education

100 North First Street, E-222  
Springfield, Illinois 62777-0001

## FY 2020 APPLICATION FOR ALTERNATIVE LEARNING OPPORTUNITIES PROGRAM ALOPS (NEW AND CONTINUATION)

### REGULATORY SUPPORT AND WELLNESS DIVISION

#### BACKGROUND AND INSTRUCTIONS:

Section 240.80 of the 23 Ill. Administrative Code states, "In order to continue to operate an Alternative Learning Opportunities Program approved pursuant to Article 13B of the Illinois School Code and this Part, the school district shall annually submit an application for continuation, on a form supplied by the State Board of Education." This form is to be used to make application for program continuation. Please complete all sections of this continuation application.

**Applications for ALOP Program Continuation must be received no later than June 30, 2019.**

<b>Mail to:</b> Regulatory Support and Wellness Illinois State Board of Education 100 North First Street, E-222 Springfield, IL 62777-001	If you have questions, you may call Cara Wiley at (217) 782-5270 or e-mail to cwiley@isbe.net	
	Dates: Start date _____ End date _____	
DISTRICT NAME AND NUMBER	SUPERINTENDENT NAME	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)
	E-MAIL FOR SUPERINTENDENT	
SERVING SITE NAME	PROGRAM ADMINISTRATOR	
SERVING SITE ADDRESS	TELEPHONE (Include Area Code)	RCDT CODE
	E-MAIL FOR PROGRAM ADMINISTRATOR	
IS A SUBCONTRACTOR BEING USED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TYPE: <input type="checkbox"/> PROFIT <input type="checkbox"/> NON-PROFIT? If Yes, attach recognition documentation	
NAME OF SUBCONTRACTOR	CONTACT PERSON NAME	
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	
	E-MAIL FOR SUBCONTRACTOR	

DESIGNATED CONTACT PERSON FOR APPLICATION

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Original Signature of District Superintendent*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Original Signature of Subcontractor point of contact*

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**BACKGROUND AND INSTRUCTIONS (Continued):**

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School districts may establish Alternative Learning Opportunities Programs or may contract with other appropriate agencies to provide a range of learning opportunities for students who are at risk of academic failure and who demonstrate a need for educational support or social services beyond those provided by the regular school program.

**Note: Attach copies of 2019-2020 agreement and/or contracts applicable to the current application period.**

**This application is for (please check one only):**     **Single School District**     **Consortium of School Districts**

If the application is for a consortium of districts, check all agencies involved and list the name(s) below:

Regional Office of Education

Intermediate Service Center

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Public Community College

Non-profit Education Provider

Name: \_\_\_\_\_

Name: \_\_\_\_\_

For-Profit Education Provider

Community-based Organization

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Special Education Cooperative

Other (Specify type of agency)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_ *Date*

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**BACKGROUND AND INSTRUCTIONS (Continued):**

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ALOP Program includes:

- A single school district       A consortium of school districts (Complete the information below)
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Districts served:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

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List program sites:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

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Administrative Agency:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

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RCDT Code and address of Administrative Agency: \_\_\_\_\_

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**DISTRICT PLAN**

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**A. Description of Program (105 ILCS 5/13B-25.20; 23 Ill. Adm. Code 240.70)**

**Abstract:** Describe the general purpose, activities, and major outcomes of this program. In addition, please include the goals and objectives, the population to be served (including grade levels of the students), and the number of staff to be employed.

**B. Grades to be served  
Numbers to be served**

- 4 \_\_\_\_\_     6 \_\_\_\_\_     8 \_\_\_\_\_     10 \_\_\_\_\_     12 \_\_\_\_\_  
 5 \_\_\_\_\_     7 \_\_\_\_\_     9 \_\_\_\_\_     11 \_\_\_\_\_

**C. Services to be offered**

- |   |   |
|---|---|
| <input type="checkbox"/> Credit Recovery            | <input type="checkbox"/> Transition Planing     |
| <input type="checkbox"/> Academic Counseling        | <input type="checkbox"/> Attendance             |
| <input type="checkbox"/> Career/College Exploration | <input type="checkbox"/> Social/Emotional       |
| <input type="checkbox"/> Employment                 | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Other - Explain: _____     | <input type="checkbox"/> Grade Level Success    |

**D. Evaluation of program**

List the types of services to be offered:

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Grades of students to be served: \_\_\_\_\_

Ages of students to be served: \_\_\_\_\_

Total number of students to be served: \_\_\_\_\_

**DISTRICT PLAN (Continued)**

**E. Student outcomes**

Indicate the number of students who attained each of the following outcomes; add other outcomes that were identified in the district's plan. *(Use additional pages if needed.)*

INDICATORS USED TO MEASURE STUDENT OUTCOMES	NUMBER OF STUDENTS COMPLETING EACH CATEGORY	TOTAL NUMBER OF STUDENTS IN EACH CATEGORY	PERCENTAGE
Completion of Program	_____	_____	_____
Elementary School Graduation	_____	_____	_____
High School Graduation	_____	_____	_____
Passage of General Educational Development Tests	_____	_____	_____
Consistency of Attendance in Program	_____	_____	_____
Participation in Work-based Learning Activities	_____	_____	_____
Continuation of Education	_____	_____	_____
Employment	_____	_____	_____
Effective Transition to Regular School Program	_____	_____	_____
Summer School	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Number of Students in Program for current year:** \_\_\_\_\_

**FY19 FUNDING INFORMATION EXPENDITURE REPORT**

**(FOR CONTINUATION APPLICATION)**

**Directions:** Provide a detailed report on the program expenditures for FY19. (Please reflect those costs that were associated with staff, contractual services, supplies and materials, hardware, classrooms and office space, utilities, and other relative expenditures as appropriate. Identify the sources of the funds for each budgeted item.)

<b>BUDGET ITEMS</b>	<b>TOTAL COST</b>	<b>SOURCE OF FUNDING</b>

ANTICIPATED PROGRAM COSTS AND FUNDS ALLOCATION PLAN

**Directions:** Provide a detailed program budget reflecting the costs associated with staff, contractual services, supplies and materials, hardware, classroom and office space, utilities, and other relative expenditures. Identify the source of funds for each budget item.

BUDGET ITEMS	TOTAL COST	SOURCE OF FUNDING

Initial Budget       Amendment No. \_\_\_\_\_  
 Revised Initial Budget       Upward    Downward    Level

FISCAL YEAR <b>20</b>	SOURCE OF FUNDS CODE <b>4935-TR</b>	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
FISCAL/ADMINISTRATIVE AGENT (ROE/ISC)			
PROJECT CONTACT		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

**ILLINOIS STATE BOARD OF EDUCATION**  
 Educator Effectiveness  
 100 North First Street, E240  
 Springfield, Illinois 62777-0001

**ALTERNATIVE LEARNING  
 OPPORTUNITIES PROGRAM (ALOP)  
 FY 2020 – APPLICATION FOR PROGRAM  
 CONTINUATION**

*Use whole dollars only. Omit Dollar Signs,  
 Commas, and Decimal Places, e.g., 2536*

<b>ISBE USE ONLY</b>	Please check: <input type="checkbox"/> COMPLETED Notice of State Award (NOSA) <input type="checkbox"/> COMPLETED Uniform Grant Agreement (UGA)	
	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	CURRENT FUNDS
	BEGIN DATE	END DATE

**Directions:** Prior to preparing this Budget Summary request, please refer to the “State and Federal Grant Administration Policy, Fiscal Requirements and Procedures” handbook that can be accessed at [http://www.isbe.net/funding/pdf/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf). Obligations of funds based on this budget request cannot begin prior to July 1, or receipt of a substantially approvable budget request, whichever is later.

LINE	EXPENDITURE ACCOUNT	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT** (9)	TOTAL (11)
1	Instruction								
7	Improvement of Instruction Services								
10	General Administration								
13	Fiscal Services*								
20	Planning, Research, Development & Evaluation Services								
21	Information Services								
22	Staff Services*								
24	Other Support Services								
27	Payments to Other Districts or Government Units								
29	Total Direct Costs								
30	Approved Indirect Costs x _____%								
31	<b>TOTAL BUDGET</b>								

\* If expenditures are shown, the indirect costs rate cannot be used.      \*\* Not applicable to all grants, and in no instances can Capital Outlay, Non-Capitalized Equipment or Facilities Acquisition and Construction Services be included in the indirect costs application.

<b>ISBE USE ONLY</b>

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Original Signature of Superintendent or Administrator*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Original Signature of Subcontractor P.O.C.*

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Original Signature of ISBE Division Administrator*



**ALOP Application Checklist**

**Directions:** Please ensure each item has been submitted. Incomplete applications will not be reviewed until all required elements have been received.

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- Application
- All Required Signatures
- Correct RCDT site codes
- Email addresses for administrative and fiscal point-of-contact
- 2019-2020 MOU between district and subcontractor (if applicable)
- 2018-2019 Progress Report for continuation applications
- Completed budgets with original signatures

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*Date Submitted*

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*Date Received*