

ILLINOIS STATE BOARD OF EDUCATION

School Business Services Division
100 North First Street, N330
Springfield, Illinois 62777-0001

**FY 2021 APPLICATION FOR SCHOOL
CONSTRUCTION GRANT ENTITLEMENT
(FY 2021 Application Cycle Ends April 1, 2020)**

PLEASE NOTE: A District Facilities Plan must accompany each Application for Construction Grant Entitlement submitted.

DISTRICT NAME AND NUMBER	NAME OF CONTACT	TELEPHONE NUMBER (Include Area Code)
ADDRESS (Street, City, State, Zip Code)	COUNTY	FAX (Include Area Code)

SECTION I – PRIORITY CLASSIFICATION (Note: This priority classification is to be determined by the district, subject to verification by ISBE.)

Record the letter (**only one**) corresponding to the priority classification for which application is being made: _____

- A. Building replacement or reconstruction due to disaster. (**Description and Date of Disaster**) _____
- B. Insufficient classrooms due to enrollment growth; or replacement of aging building(s).
- C. New school construction due to interdistrict consolidation/reorganization. (**Date of Consolidation Resolution**) _____
- D. Project(s) to correct problems stemming from severe and continuing health or life safety problems. (**Attach Synopsis of all Outstanding H/LS Work**)
- E. Project(s) designed to provide accessibility to qualified individuals with disabilities. (**Attach Self Survey**)
- F. Project(s) designed to address other unique solutions to space needs. (**Describe Briefly**) _____

SECTION II – NEEDS

A. PRE K - 8 ENROLLMENTS

$$\begin{matrix} 2019 \\ \text{Fall} \\ \text{Enrollment} \end{matrix} / \begin{matrix} 2017 \\ \text{Fall} \\ \text{Enrollment} \end{matrix} \times \begin{matrix} 2019 \\ \text{Fall} \\ \text{Enrollment} \end{matrix} = \begin{matrix} \text{Growth} \\ \text{Enrollment} \\ \text{(OR 2019} \\ \text{ENROLLMENT} \\ \text{IF GREATER)} \end{matrix}$$

- 1. _____ Pre K-8 Enrollment (or 2019 Pre K-8 Enrollment if greater)
- 2. _____ Pre K - 8 Available Capacity
- 3. _____ Number of Inadequately Housed Pre K - 8 Students (Line 1 minus Line 2)

B. 9 - 12 ENROLLMENTS

$$\begin{matrix} 2019 \\ \text{Fall} \\ \text{Enrollment} \end{matrix} / \begin{matrix} 2017 \\ \text{Fall} \\ \text{Enrollment} \end{matrix} \times \begin{matrix} 2019 \\ \text{Fall} \\ \text{Enrollment} \end{matrix} = \begin{matrix} \text{Growth} \\ \text{Enrollment} \\ \text{(OR 2019} \\ \text{ENROLLMENT} \\ \text{IF GREATER)} \end{matrix}$$

- 1. _____ Grade 9 - 12 Enrollment (or 2019 Grade 9 - 12 Enrollment if greater)
- 2. _____ Grade 9 - 12 Available Capacity
- 3. _____ Number of Inadequately Housed Grade 9 - 12 Students (Line 1 minus Line 2)

SECTION III – COSTS AND FINANCING

A. ESTIMATED COSTS	NON-RECOGNIZED/ ENHANCEMENT COST	RECOGNIZED PROJECT COSTS	TOTAL
1. Site Acquisition			
2. Site Development			
3. Construction			
4. Furniture and Equipment			
5. Fees			
6. Total Recognized Project Costs (RPC)		\$	
7. Times (X) Preliminary Grant Index			
8. Equals (=) Estimated State Share RPC		\$	
9. Total Project Costs			\$
10. Local Share of Total Project Costs (Line 9 minus Line 8)			\$

B. FUND SOURCE	FUND NAME	ACCOUNT NUMBER	AVAILABLE AMOUNT
1. <input type="checkbox"/> Yes <input type="checkbox"/> No Does the district have the local share of funds on hand? If yes , in what fund(s) and accounts are these funds currently held?			
2. <input type="checkbox"/> Yes <input type="checkbox"/> No Will a referenda be required to authorize borrowing the money? If yes , at what election.			
3. <input type="checkbox"/> Yes <input type="checkbox"/> No Will a referenda be required to obtain authorization for the project?			
	TOTAL		

SECTION IV – CERTIFICATION AND SIGNATURES

This certifies that the information provided above is true and accurate, and that work was not begun on the Construction Grant Project (such as letting bids, awarding contracts, or starting actual construction) prior to receiving Entitlement from the State Board of Education for the project submitted by this application.

_____	_____	_____
Date	Type Name of Board Secretary	<i>Original</i> Signature of Board Secretary
_____	_____	_____
Date	Type Name of Board President	<i>Original</i> Signature of Board President