

**Uniform Application for State Grant Assistance  
Illinois State Board of Education**

**Agency Completed Section**

1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date/Time Received by State	<b>Completed by State Agency upon Receipt of Application</b>
4.	Name of the Awarding State Agency	<b>ILLINOIS STATE BOARD OF EDUCATION</b>
5.	Catalog of State Financial Assistance (CSFA) Number	<b>586-18-0868</b>
6.	CSFA Title	<b>EARLY CHILDHOOD BLOCK GRANT - PRESCHOOL FOR ALL CHILDREN 3-5</b>
<b>Catalog of Federal Domestic Assistance (CFDA)</b>		<input checked="" type="checkbox"/> Not applicable (No federal funding)
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
<b>Funding Opportunity Information</b>		
11.	Funding Opportunity Number	<b>586-18-0868</b>
12.	Funding Opportunity Title	<b>PRESCHOOL FOR ALL EXPANSION</b>
13.	Funding Opportunity Program Field	<b>EARLY CHILDHOOD</b>
<b>Competition Identification</b>		<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 per-qualification)	
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 *Program* Matters involving this Application**

24.	First Name	
25.	Last Name	
26.	Suffix	
27.	Title	
28.	Organizational Affiliation	
29.	Telephone Number	
30.	Fax Number	
31.	E-Mail Address	

**Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application**

32.	First Name	
33.	Last Name	
34.	Suffix	
35.	Title	
36.	Organizational Affiliation	
37.	Telephone Number	
38.	Fax Number	
39.	E-Mail Address	

**Uniform Application for State Grant Assistance  
Illinois State Board of Education**

**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 (include all that apply)	<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: \$ _____ <p align="right">Total Amount: \$ _____</p>

**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 Name	
47.	Last Name	
48.	Suffix	
49.	Title	
50.	Telephone Number	
51.	Fax Number	
52.	E-Mail Address	
53.	Signature of Authorized Representative	
54.	Date Signed	

**FY 2017  
 PRESCHOOL FOR ALL EXPANSION  
 Application Cover Page**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE	
NAME OF AUTHORIZED OFFICIAL	TITLE	E-MAIL
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME OF BUDGET PERSON	TITLE	E-MAIL
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME OF CONTACT PERSON	TITLE	E-MAIL
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)

**JOINT APPLICANT RECIPIENT** – All joint recipients for funding must complete the joint application form. In additional, complete the following information for the designated administrative agent. Number of district in Joint Application \_\_\_\_\_

**PROPOSED PRESCHOOL FOR ALL EXPANSION PROGRAM INFORMATION**

_____ Number of children to be served	_____ Number of hours program in session
\$ _____ Dollar amount of proposal	_____ Number of teaching staff with PEL and Early Childhood Endorsement
\$ _____ Cost per child (Dollar amount of proposal divided by Number of children served.)	_____ Number of paraprofessionals
_____ Total number of preschool attendance days per year	_____ Number of instructional leaders
_____ Days of the week class is in session. (Check all that apply)	_____ Number of parent educators
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	_____ Number of clerical staff
<input type="checkbox"/> Yes <input type="checkbox"/> No Head Start Partnership	_____ Total number of staff
	Other: _____
	Other: _____

**PRIORITIZATION CATEGORIES – Indicate which of the following apply to this assessment**

- 1. 75% or more of the enrolled children are 4 years of age and 200% or below the FPL. Children have multiple risk factors or 1 highest priority selection factor.
- 2. Remaining children are 3 or 4 years old and are prioritized by the highest risk factors.

**TYPE OF AGENCY (Check only)**

- |   |   |
|---|---|
| <input type="checkbox"/> School District                | <input type="checkbox"/> Child Care Center – Not-for-Profit |
| <input type="checkbox"/> Regional Office of Educator    | <input type="checkbox"/> Child Care Center – For-Profit     |
| <input type="checkbox"/> Higher Education               | <input type="checkbox"/> Faith – Based Organization         |
| <input type="checkbox"/> Community – Based Organization | <input type="checkbox"/> Other _____                        |

**(Check one)**  Agency Staff  Independent Contractor

\_\_\_\_\_  
*Name of Grant Writer*

\_\_\_\_\_  
*Signature of Grant Writer*

\_\_\_\_\_  
*Type Name of Superintendent (Dr., Mr., Ms.)*

\_\_\_\_\_  
*Signature of Superintendent or Authorized Agency Official*

\_\_\_\_\_  
*Type Name of Authorized Agency Official (Dr., Mr., Ms.)*

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

**JOINT APPLICATION**

**If joint application, enter below the information requested for the participating school districts/entities.**

<b>SCHOOL DISTRICT/ENTITY</b>		<b>NAME AND SIGNATURE OF AUTHORIZED OFFICIAL</b>
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	_____ <i>Original</i> Signature of Authorized Official

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
EVIDENCE OF EXISTING COMPETENCIES

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Applicant other than Public School Districts**

Include:

- Agency's mission statement,
- Goals or policies regarding early childhood programs, and
- Description of the agency's organizational structure.

**Joint Application**

Include:

- Goals and objective of the collaboration, and
  - Brief description of each partner's experience in providing similar services.
-

ILLINOIS STATE BOARD OF EDUCATION

Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

PRESCHOOL FOR ALL  
EXPANSION 17  
ATTACHMENT 4

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
EARLY CHILDHOOD ACCREDITATION

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Please indicate which of the following early childhood accreditations you have achieved. **Check all that apply.**

- The center accreditation of the National Academy of Early Childhood Programs of the National Association for the Education of Young Children (NAEYC)
- The center accreditation of the National Early Childhood Program Accreditation (NECPA) Commission of the National Child Care Association (NCCA)
- The family child care accreditation of the National Association for Family Childcare (NAVCC)
- The school-age child care accreditation of the National School-Age Child Care Alliance (NSACA)
- The center accreditation of the National Accreditation Commission for Early Care and Education Programs (NAC) of the National Association of the Child Care Professionals (NACCP)
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) Award of Excellence” **Check all that apply.**
  - Preschool Teaching and Learning
  - Infant and Toddler Services
  - Family and Community Engagement
  - Inclusion of Children with Special Needs
  - Linguistically and Culturally Appropriate Practice
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) - Gold Circle
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) - Silver Circle
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) - Bronze Circle
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) - Licensed
- Administrator holds Illinois Director’s Credential
  - Level I
  - Level II
  - Level III

**ILLINOIS STATE BOARD OF EDUCATION**

Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

**PRESCHOOL FOR ALL  
EXPANSION 17  
ATTACHMENT 5**

**FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL ABSTRACT**

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Briefly describe (200 words or less) the program, including the anticipated outcomes. Include the name of the instrument and the proposed process for conducting the screening and assessments and a brief summary of the proposed curriculum or activities to be provided. ***(Do not type beyond space allowed. Attach additional Word typed pages to document.)***

---



ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

PRESCHOOL FOR ALL  
EXPANSION 17  
ATTACHMENT 6

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: PROJECT NEED

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how this requirement will be met. The proposal must document the need for the Preschool For All Expansion in the community. The need must be based on current statistical, demographic, or descriptive information regarding the community in which the families and children reside. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

**ILLINOIS STATE BOARD OF EDUCATION**

Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

**PRESCHOOL FOR ALL  
EXPANSION 17  
ATTACHMENT 7**

**FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: POPULATION TO BE SERVED**

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how this requirement will be met. The proposal must indicate the population to be served. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: SCREENING PROCESS TO IDENTIFY CHILDREN WHO ARE AT RISK

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how this requirement will be met. Screening should be conducted on a community-wide basis and developed and implemented with cooperation among programs serving young children operating in the area to be served (e.g., public schools, licensed child care providers, special education, Head Start, prevention initiative, Child and Family Connections and Child Find). **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: APPROPRIATE EDUCATIONAL PROGRAM

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how this requirement will be met. Each Preschool for All Expansion must offer an appropriate education program for those children who participate. The education program that is established must include a language and literacy development component for each child based on the child's individual assessment. In addition, there should be collaboration with other services and resources available in the community. The staff-child ratio may not exceed one (1) adult to ten (10) children. No more than twenty (20) children may be served in a single classroom. The maximum number of children should be served in each classroom. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: PARENT EDUCATION AND INVOLVEMENT

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how these requirements will be met. Preschool for All Expansion must offer appropriate parent education and involvement services that addresses communication, parent education, student learning, involvement, decision-making, and advocacy. Parent education activities requiring substantial parent participation must occur. Activities such as discussion groups are encouraged. The component may also include program orientation, identification of parental needs, student progress plans shared with parents, preferences for parental involvement, home visitations and parents' involvement in the classroom. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

PRESCHOOL FOR ALL  
EXPANSION 17  
ATTACHMENT 11

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: COMMUNITY COLLABORATION

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how these requirements will be met. Evidence of collaboration with other agencies must be provided. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

**ILLINOIS STATE BOARD OF EDUCATION**

Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

**PRESCHOOL FOR ALL  
EXPANSION 17  
ATTACHMENT 12  
Page 1 of 2**

**FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: STAFF REQUIREMENTS**

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how these requirements will be met. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: STAFF REQUIREMENTS

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how these requirements will be met. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---



ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

PRESCHOOL FOR  
ALL EXPANSION 17  
ATTACHMENT 13

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: PROFESSIONAL DEVELOPMENT

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how these requirements will be met. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

PRESCHOOL FOR ALL  
EXPANSION 17  
ATTACHMENT 14

FY 2017  
PRESCHOOL FOR ALL EXPANSION  
PROPOSAL NARRATIVE: EVALUATION

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Describe in the space provided how these requirements will be met. Evidence of a written plan must be provided. **Refer to Proposal Narrative Requirements for specific requirements. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**

---

**ILLINOIS STATE BOARD OF EDUCATION**  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

**FY 2017  
PRESCHOOL FOR ALL EXPANSION**

**STATE BUDGET SUMMARY AND PAYMENT SCHEDULE**

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

<input type="checkbox"/> Initial Budget	<input type="checkbox"/> Amendment No. _____		
<input type="checkbox"/> Revised Initial Budget	<input type="checkbox"/> Multi-district Application		
FISCAL YEAR <b>17</b>	SOURCE OF FUNDS CODE <b>3705-XO</b>	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
DISTRICT NAME AND NUMBER			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

<b>ISBE USE ONLY</b>	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE

**Directions:** Prior to preparing this Budget Summary and Payment Schedule 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	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3) (Obj. 100s)	EMPLOYEE BENEFITS (4) (Obj. 200s)	PURCHASED SERVICES (5) (Obj. 300s)	SUPPLIES AND MATERIALS (6) (Obj. 400s)	CAPITAL OUTLAY** (7) (Obj. 500s)	OTHER OBJECTS (8) (Obj. 600s)	NON-CAPITALIZED EQUIPMENT** (9) (Obj. 700s)	TOTAL (11)	PAYMENT SCHEDULE
1	1000	Instruction									July-August
4	2130	Health Services									September
7	2210	Improvement of Instruction Services									October
10	2300	General Administration									November
15	2540	Operation & Maintenance of Plant Services									December
16	2550	Pupil Transportation Services									January
17	2560	Food Services									February
25	3000	Community Services									March
27	4000	Payments to Other Districts or Government Units									April
29	Total Direct Costs										May
31	<b>TOTAL BUDGET</b>										June
											July-August
											<b>TOTAL</b> \$ _____

\_\_\_\_\_ Date

\_\_\_\_\_ Type Name or Superintendent (Dr. Mr., Ms.) OR  
Type Name of Authorized Representative (Dr. Mr., Ms.)

\_\_\_\_\_ Original Signature of Superintendent or Authorized Representative

\_\_\_\_\_ Date

\_\_\_\_\_ Original Signature Division Administrator, Early Childhood Division

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

**FY 2017 PRESCHOOL FOR ALL EXPANSION  
BUDGET SUMMARY BREAKDOWN**

**Directions:** Prior to preparing this Budget Summary Breakdown 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. Breakdown must include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. It must include subcontract information, if applicable (see item 8 of the document titled “Grant Application Certifications Assurances.”)

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT** (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
<b>TOTAL</b>									

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

**FY 2017 PRESCHOOL FOR ALL EXPANSION  
BUDGET SUMMARY BREAKDOWN**

**Directions:** Prior to preparing this Budget Summary Breakdown 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. Breakdown must include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. It must include subcontract information, if applicable (see item 8 of the document titled "Grant Application Certifications Assurances.")

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT** (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
<b>TOTAL</b>									

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

**FY 2017 PRESCHOOL FOR ALL EXPANSION  
 BUDGET SUMMARY BREAKDOWN**

**Directions:** Prior to preparing this Budget Summary Breakdown 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. Breakdown must include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. It must include subcontract information, if applicable (see item 8 of the document titled "Grant Application Certifications Assurances.")

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT** (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
<b>TOTAL</b>									



**FY 2017  
 PRESCHOOL FOR ALL EXPANSION  
 PROGRAM-SPECIFIC TERMS OF THE GRANT**

1. No subcontracts or sub-grants are allowed without prior written approval of the State Superintendent of Education. If subcontracts or sub-grants are allowed, then all project responsibilities are to be retained by the grantee to ensure compliance with the terms and conditions of the grant. All subcontracts and sub-grants must be documented and must have the prior written approval of the State Superintendent of Education. Approval of subcontracts and sub-grants shall be subject to the same criteria as are applied to the original proposal/application. The following information is required if any subcontracts/sub-grants are to be utilized:
  - Name(s) and address(es) of subcontractor(s)/sub-grantee(s);
  - Need and purpose for each subcontract/sub-grant;
  - Measurable and time specific services to be provided;
  - Associated costs (i.e., amounts to be paid under each subcontract/sub-grant); and
  - Projected number of participants to be served.

The grantee may not assign, convey or transfer its rights to the grant award without the prior written consent of the Illinois State Board of Education.
  
2. Collaboration with Head Start: PA 96-0119 requires that school districts and other entities receiving preschool grants enter into agreements with local Head Start programs. The purpose of the agreement is to assure that the preschool program collaborates with the local Head Start program. The agreement can be as simple as a general statement of intent to collaborate in the coming year or as complex as a formal agreement template delineating the specific targeted areas of collaboration. The collaboration agreement must be signed by preschool and Head Start administrators, and be in place in order to receive funding in FY17. Preschool programs will keep the agreement on file for monitoring purposes.
  
3. Prior to final funding approval, each grantee must:
  - a. Present evidence that all teachers providing instruction to preschool children hold a Professional Educator License (PEL) with an Early Childhood Education Endorsement), and
  - b. If subject to licensure requirements of the Illinois Department of Children and Family Services (DCFS), present evidence that it holds the required licensure.
  
4. Financial Reports: Expenditure Reports must be filed electronically to the Division of Funding and Disbursement Services four times a year.

Report	Cumulative Through	Due in ISBE Office
1	September 30, 2016	October 20, 2016
2	December 31, 2016	January 20, 2017
3	March 31, 2017	April 20, 2017
Final	June 30, 2017	July 20, 2017

5. Reporting: Each grantee must report the following to the Illinois State Board of Education no later than October 15 of each year.
  - All grantees must submit the following data to the Illinois State Board of Education (ISBE), via the ISBE Web Application Security (IWAS) system, for the Preschool for All project for which the grantee is funded:
  - Student Information System (SIS) Early Childhood Data
  - Student Health Data – Immunization
  - Employment Information System (EIS) Teacher, Administrator, and Other School Personnel Data (continuous reporting throughout the year).

Grantee must submit quarterly expenditure reports due 30 days after the quarter end date. Data must be entered into Student Enrollment System on an ongoing basis when updates are required, which is analyzed by ISBE on a quarterly basis. Grantees must submit an annual narrative Continuous Quality Improvement Plan in the format provided by ISBE by end of the fiscal year. These reports are due every year this grant is funded.
  
6. Each grantee funded to serve primarily at-risk children is required to have 80 percent or more of the enrolled children identified as at risk; prioritize at-risk students over non-at-risk students when making enrollment decisions; and take specific, proactive measures to ensure that parents of potentially at-risk children in the community are aware of the availability of the opportunity for preschool education through the program. 75 percent or more of the children who are enrolled must be 4 years old by September 1st and at or below 200% of the federal poverty level. Children have multiple risk factors or 1 highest priority selection factor. The highest priority selection factors for the program are: homelessness, child welfare involvement, disability (child has Individual Education Plan [IEP] for more than itinerant speech services or has been referred for special education evaluation), and family income at or below 50 percent of the FPL. Remaining children are 3 or 4 years old and are prioritized by the highest risk factors.



7. Any grantee that has a waiting list of children to be served must first enroll all children determined to be at risk of academic failure before enrolling other children.
8. School district grantees with programs serving homeless children must comply with all applicable provisions of the McKinney-Vento Homeless Assistance Act. Non-school district grantees should, in so much as possible, ensure that homeless children enrolled in their programs receive the support necessary for successful and continued participation, including without limitation, arranging for appropriate transportation when necessary.
9. Program Review: An annual program review will be conducted for each new project to ensure program quality, to assist in program improvement and to provide technical assistance.
10. Supplanting: Funds received under the Preschool for All Children Program shall be used to supplement, and not supplant, funds that would otherwise be used for the proposed activities.
11. No fees will be charged of parents or guardians and their children who are enrolled and participate in Preschool for All Children programs.
12. Applicants should be aware that grant awards may not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization; assist, promote, or deter union organizing; finance, directly or indirectly, any activity designed to influence the outcome of an election for any public office; or impair existing contracts for services or collective bargaining agreements.
13. No funds may be used to help support or sustain any institution controlled by any church or sectarian denomination (Article 10, Section 3 of the Illinois Constitution; Ill., Const. 1970, Art. X, Sec. 3).
14. Each grantee which operates a program in a facility licensed by the Illinois Department of Children and Family Services (DCFS) shall require all employees and volunteers who are persons subject to background checks, as defined by Section 385.20 of Title 89 of the Illinois Administrative Code [89 IAC 385.20], to authorize DCFS to perform a Child Abuse and Neglect Tracking System (CANTS) background check. Required individuals shall execute an Authorization for a background check, as defined by Section 385.20 of Title 89 of the Illinois Administrative Code [89 IAC 385.20], and shall submit the Authorization to DCFS for completion of the CANTS background check. Evidence of completion of required CANTS checks for all persons subject to background checks shall be maintained by the grantee and copies of the same shall be provided to the administrator of the DCFS-license facility. The requirement applies to any paid or unpaid individual, including any certified teacher employed by a school district or other entity but working in the facility, who is used to perform essential staff duties as evidenced by being counted in the staff-child ratio or being allowed to be alone with children in a licensed child care facility outside the visual or auditory supervision of facility staff
15. Other
  - a. Equipment Purchases: Equipment Inventory Form should be used to document all equipment purchased by the Preschool for All Children initiative and is to be maintained in the grantee's files.
  - b. Part-Time Staff: A time distribution worksheet should be kept on file for any staff member in a part-time position.
  - c. Joint Applications for Funding: Grantees participating in a joint application are advised that the member grantees are individually and jointly responsible to the Illinois State Board of Education. The administrative agent is responsible to the participating grantee and is the agent designated to receive funds and submit reports.

The undersigned affirms, under penalties of perjury, that he or she is authorized to execute the terms of the grant set forth above on behalf of the applicant.

\_\_\_\_\_  
*Name of Applicant/Entity*

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

\_\_\_\_\_  
*Original Signature of Authorized Official*

\_\_\_\_\_  
*Title*

**GRANT APPLICATION CERTIFICATIONS AND ASSURANCES**


---

(Insert Applicant's Name Here)

The applicant/award recipient (hereinafter the term applicant includes award recipient as the context requires), hereby certifies and assures the Illinois State Board of Education that:

1. Applicant is a(n): *(Check one)*

Individual     Corporation     Partnership     Unincorporated association     Government entity

Region/County/District/School Code or Federal Employer Identification Number, as applicable. Individuals or other entities with neither of the foregoing, include Social Security Number.

---

The applicant has the necessary legal authority to apply for and to receive the proposed award. The filing of this application has been authorized by the governing body of the applicant, and the undersigned representative has been duly authorized to file this application for and on behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application and any award in relation thereto.

**DEFINITIONS**

"Applicant" means an individual, entity or entities for which grant funds may be available and has made application to the Illinois State Board of Education for an award of such grant funds.

"Grant" means the award of funds, which are to be expended in accordance with the Grant Agreement for a particular project. The terms "grant," "award," "program," and "project" may be used interchangeably.

"Grantee" means the person, entity or entities that are to receive or have received grant funds through an award from the Illinois State Board of Education. The terms "grantee" and "award recipient" may be used interchangeably.

"Project" means the activities to be performed for which grant funds are being sought by the applicant. The terms "project" and "program" may be used interchangeably.

The capitalized word "Term" means the period of time from the project beginning date through the project ending date.

**LAWS AND REGULATIONS REGARDING FEDERAL AND STATE AWARDS**

The applicant acknowledges and agrees that this grant is subject to the provisions of:

2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards  
[http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

Illinois Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 *et seq.*  
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3559&ChapterID=7>

Administrative Rules for GATA, 44 Ill. Admin. Code Part 7000 <ftp://www.ilga.gov/JCAR/AdminCode/044/04407000sections.html>

**NO BINDING OBLIGATION**

- The applicant acknowledges and agrees that the selection of its proposal for funding, or approval to fund an application shall not be deemed to be a binding obligation of the Illinois State Board of Education until such time as a final Grant Agreement is entered into between the applicant and the Illinois State Board of Education. Prior to the execution of a final Grant Agreement, the Illinois State Board of Education may withdraw its award of funding to the applicant at any time, for any reason.
- 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 Illinois 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.

## PROJECT

4. The project proposed in the application, and as negotiated and finalized by the parties in the Grant Agreement, is hereinafter referred to as the "project." In planning the project there has been, and in establishing and carrying out the project there will be (to the extent applicable to the project), participation of persons broadly representative of the cultural and educational resources of the area to be served, including persons representative of the interests of potential beneficiaries.
5. Applicants may be asked to clarify certain aspects of their proposals/applications or proposed amendments prior to final agreement on the terms of the project or amendment.
6. All funds provided shall be used solely for the purposes stated in the approved proposal/application, as finalized in the Grant Agreement.
7. The project will be administered by or under the supervision of the applicant and in accordance with the laws and regulations applicable to the grant. The applicant will be responsible for and obtain all necessary permits, licenses, or consent forms as may be required to implement the project.

## GENERAL CERTIFICATIONS AND ASSURANCES

8. The applicant will obey all applicable state and federal laws, regulations, and executive orders, including without limitation: those regarding the confidentiality of student records, such as the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g) and the Illinois School Student Records Act (ISSRA) (105 ILCS 10/1 et seq.); those prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap, such as Title IX of the Amendments of 1972 (20 U.S.C. 1681 et seq.) and 34 CFR part 106, the Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and 34 CFR part 104, the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.), the Age Discrimination Act (42 U.S.C. 6101 et seq.) and 34 CFR part 110, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., 2000e et seq.) and 34 CFR part 100, the Public Works Employment Discrimination Act (775 ILCS 10/0.01 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.); and the Illinois School Code (105 ILCS 5/1-1 et seq.). Further, no award recipient shall deny access to the program funded under the grant to students who lack documentation of their immigration status or legal presence in the United States (*Plyler v. Doe*, 457 U.S. 202, 102 S.Ct. 2382 (1982)).
9. The applicant certifies it has informed the State Superintendent of Education in writing if any employee of the applicant/grantee was formerly employed by the Illinois State Board of Education and has received an early retirement incentive under 40 ILCS 5/14-108.3 or 40 ILCS 5/16-133.3 (Illinois Pension Code). The applicant acknowledges and agrees that if such early retirement incentive was received, the Grant Agreement is not valid unless the official executing the agreement has made the appropriate filing with the Auditor General prior to execution.
10. The applicant shall notify the State Superintendent of Education if the applicant solicits or intends to solicit for employment any of the Illinois State Board of Education's employees during any part of the application process or during the Term of the Grant Agreement.
11. The applicant is not barred from entering into this contract by Sections 33E-3 and 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33E-3, 33E-4). Sections 33E-3 and 33E-4 prohibit the receipt of a state contract by a contractor who has been convicted of bid-rigging or bid-rotating.
12. If the applicant is an individual, the applicant is not in default on an educational loan as provided in 5 ILCS 385/3.
13. The applicant certifies it does not pay dues or fees on behalf of its employees or agents or subsidize or otherwise reimburse them for payment of their dues or fees to any club which unlawfully discriminates (775 ILCS 25/1).
14. The applicant certifies that it is (a) current as to the filing and payment of any applicable federal, state and/or local taxes; and (b) not delinquent in its payment of moneys owed to any federal, state, or local unit of government.
15. Any applicant not subject to Section 10-21.9 of the School Code certifies that a fingerprint-based criminal history records check through the Illinois State Police and a check of the Statewide Sex Offender Database will be performed for all its employees, b) volunteers, and c) all employees of persons or firms holding contracts with the applicant/grantee, who have direct contact with children receiving services under the grant; and such applicant shall not a) employ individuals, b) allow individuals to volunteer, or c) enter into a contract with a person or firm who employs individuals, who will have direct contact with children receiving services under the grant who have been convicted of any offense identified in subsection (c) of Section 10-21.9 of the School Code (105 ILCS 5/10-21.9(c)) or have been found to be the perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987 (705 ILCS 405/2-1 et seq.).

16. The applicant hereby assures that when purchasing core instructional print materials published after July 19, 2006, the applicant/grantee will ensure that all such purchases are made from publishers who comply with the requirements of 105 ILCS 5/28-21 which instructs the publisher to send (at no additional cost) to the National Instructional Materials Access Center (NIMAC) electronic files containing the contents of the print instructional materials using the National Instructional Materials Accessibility Standard (NIMAS), on or before delivery of the print instructional materials. This does not preclude a grantee school district from purchasing or obtaining accessible materials directly from the publisher.
17. The applicant certifies that notwithstanding any other provision of the application, proposal, or Grant Agreement, grant funds shall not be used and will not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization.

#### **JOINT APPLICATIONS – ADMINISTRATIVE AND/OR FISCAL AGENT**

18. Applicants/grantees participating in a joint application hereby certify that they are individually and jointly responsible to the Illinois State Board of Education and to the administrative and fiscal agent under the grant. An applicant/grantee that is a party to the joint application and is a legal entity, or a Regional Office of Education may serve as the administrative and/or fiscal agent under the grant.
19. The entity acting as the fiscal agent certifies that it is responsible to the applicant/grantee or, in the case of a joint application, to each applicant/grantee that is a party to the application; it is the agent designated and responsible for reports and for receiving and administering funds; and it will:
  - (a) Obtain fully executed Grant Application Certifications and Assurances forms from each entity or individual participating in the grant and return the forms to ISBE prior to award of the grant;
  - (b) Maintain separate accounts and ledgers for the project;
  - (c) Provide a proper accounting of all revenue from the Illinois State Board of Education for the project;
  - (d) Properly post all expenditures made on behalf of the project;
  - (e) Be responsible for the accountability, documentation and cash management of the project, the approval and payment of all expenses, obligations, and contracts and hiring of personnel on behalf of the project in accordance with the Grant Agreement;
  - (f) Disburse all funds to joint applicants/grantees based on information (payment schedules) from joint applicants/grantees showing anticipated cash needs in each month of operation (The composite payment schedule submitted to ISBE should reflect monthly cash needs for the fiscal agent and the joint applicants/grantees.);
  - (g) Require joint applicants/grantees to report expenditures to the fiscal agent based on actual expenditures/obligation data and documentation. Reports submitted to the Illinois State Board of Education should reflect actual expenditure/obligations for the fiscal agent and the data obtained from the joint applicants/grantees on actual expenditures/obligations that occur within project beginning and ending dates;
  - (h) Be accountable for interest income earned on excess cash on hand by all parties to the grant and return applicable interest earned on advances to the Illinois State Board of Education;
  - (i) Make financial records available to outside auditors and Illinois State Board of Education personnel, as requested by the Illinois State Board of Education;
  - (j) Have a recovery process in place with all joint applicants/grantees for collection of any funds to be returned to the Illinois State Board of Education; and

#### **DRUG-FREE WORKPLACE CERTIFICATION**

20. This certification is required by the Drug-Free Workplace Act (30 ILCS 580/1). The Drug-Free Workplace Act, effective January 1, 1992, requires that no grantee or contractor shall receive a grant or be considered for the purposes of being awarded a contract for the procurement of any property or services from the State unless that grantee or contractor has certified to the State that the grantee or contractor will provide a drug-free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of the contract or grant, and debarment of contracting or grant opportunities with the State of Illinois for at least one (1) year but not more than five (5) years.

For the purpose of this certification, "applicant," "grantee," or "contractor" means a corporation, partnership, or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division, or other unit thereof, directly responsible for the specific performance under a contract or grant of \$5,000 or more from the State.

The applicant certifies and agrees that it will provide a drug-free workplace by:

- (a) Publishing a statement:
  - (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace
  - (2) Specifying the actions that will be taken against employees for violations of such prohibition.
  - (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will
    - (A) Abide by the terms of the statement; and
    - (B) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction.
- (b) Establishing a drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's or contractor's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon an employee for drug violations.
- (c) Providing a copy of the statement required by subsection (a) to each employee engaged in the performance of the contract or grant and posting the statement in a prominent place in the workplace.
- (d) Notifying the contracting or granting agency within ten (10) calendar days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
- (e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by section 5 of the Drug-Free Workplace Act.
- (f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation are required and indicating that a trained referral team is in place.
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of the Drug-Free Workplace Act.

21. The applicant represents and warrants that all of the certifications and assurances set forth herein, in the application, all attachments, and the Grant Agreement are and shall remain true and correct through the Term of the grant. During the Term of the grant, the award recipient shall provide the Illinois State Board of Education with notice of any change in circumstances affecting the certifications and assurances within ten (10) calendar days of the change. Failure to maintain all certifications and assurances or provide the required notice will result in the Illinois State Board of Education withholding future project funding until the award recipient provides documentation evidencing that the award recipient has returned to compliance with this provision, as determined by the Illinois State Board of Education.

*The undersigned affirms, under penalties of perjury, that he or she is authorized to execute the above Certifications and Assurances on behalf of the applicant. Further, the undersigned certifies under oath that all information contained herein is true and correct to the best of his or her knowledge, information and belief, that grant funds shall be used only for the purposes described in this agreement, and that the award of this grant is conditioned upon this certification.*

---

*Original Signature of Authorized Official*

---

*Title*

---

*Date*

---

*Name of Authorized Official (Type or Print)*