



# 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"/> 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</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 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)	
<b>Applicant's Organizational Unit</b>		
22.	Department Name	
23.	Division Name	
<b>Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application</b>		
24.	First/Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number (Include Area Code)	
29.	Fax Number (Include Area Code)	
30.	E-Mail Address	
<b>Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application</b>		
31.	First/Last Name	
32.	Suffix	
33.	Title	
34.	Organizational Affiliation	
35.	Telephone Number (Include Area Code)	
36.	Fax Number (Include Area Code)	
37.	E-Mail Address	

**Uniform Application for State Grant Assistance  
Illinois State Board of Education  
Applicant Completed Section (Continued)**

<b>Areas Affected</b>	
38.	Areas Affected by the Project (cities, counties, state-wide) <i>Add Attachments (e.g., maps), if needed</i>
39.	Legislative and Congressional Districts of Applicant
40.	Legislative and Congressional Districts of Program / Project <i>Attach an additional list, if needed</i>
<b>Applicant's Project</b>	
41.	Description Title of Applicant's Project <i>Text only for the title of the applicant's project.</i>
42.	Proposed Project Term Start Date: _____ End Date: _____
43.	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: \$ _____
<p><b>Applicant Certification:</b></p> <p>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)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p><input type="checkbox"/> I agree</p>	
<b>Authorized Representative</b>	
44.	First/Last
45.	Suffix
46.	Title
47.	Telephone Number <i>(Include Area Code)</i>
48.	Fax Number <i>(Include Area Code)</i>
49.	E-Mail Address
50.	Signature of Authorized Representative
51.	Date Signed



# Illinois State Board of Education

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

## FY 2019 PRESCHOOL FOR ALL

### EARLY CHILDHOOD DIVISION

**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 \_\_\_\_\_

Is this application written by an external grant writer (not employed by applicant)?  Yes  No

### PROPOSED PRESCHOOL FOR ALL PROGRAM INFORMATION

	Number of children requested to be served in Preschool for All		Length program in session (hours and minutes)
	Number of children requested to be served in Preschool for All Expansion(separate application)		Number of teaching staff with PEL and Early Childhood Endorsement
	Number of children served in Head Start in area (IECAM Data)		Number of paraprofessionals
\$ <span style="border-bottom: 1px solid black;"></span>	Dollar amount of proposal		Number of instructional leaders
\$ <span style="border-bottom: 1px solid black;"></span>	Cost per child <i>(Dollar amount of proposal divided by Number of children served.)</i>		Number of parent educators
	Total number of preschool attendance days per year		Number of clerical staff
	Days of the week class is in session. <i>(Check all that apply)</i>		Other: _____
	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F		Other: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Start Partnership		Total number of staff

**PRIORITIZATION CATEGORIES – Indicate which of the following apply to the program (Check One)**

- 1. Serving primarily at-risk children.
- 2. Serving primarily children from families who meet income guidelines.
- 3. Other.

**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



# Illinois State Board of Education

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

## FY 2019 PRESCHOOL FOR ALL EVIDENCE OF EXISTING COMPETENCIES

### EARLY CHILDHOOD DIVISION

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

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

## FY 2019 PRESCHOOL FOR ALL EARLY CHILDHOOD ACCREDITATION

### EARLY CHILDHOOD DIVISION

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.**

- National Academy of Early Childhood Programs of the National Association for the Education of Young Children (NAEYC)
- National Early Childhood Program Accreditation (NECPA) Commission of the National Child Care Association (NCCA)
- National Association for Family Childcare (NAVCC)
- National School-Age Child Care Alliance (NSACA)
- 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

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 5

## FY 2019 PRESCHOOL FOR ALL PROPOSAL ABSTRACT

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

**Directions:** Summarize the proposed program, including outcomes. Briefly describe the overall objectives and activities of the program. Please explain specifically what types of services are being requested. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*





# Illinois State Board of Education

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 6

## FY 2019 PRESCHOOL FOR ALL PROPOSAL NARRATIVE: PROJECT NEED

### EARLY CHILDHOOD DIVISION

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 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. **Use IECAM data to inform your response. 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

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 7

## FY 2019 PRESCHOOL FOR ALL PROPOSAL NARRATIVE: POPULATION TO BE SERVED

### EARLY CHILDHOOD DIVISION

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. Use IECAM data to inform your response. (Do not type beyond space allowed. Attach additional Word typed pages to document.)**



# Illinois State Board of Education

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 8

FY 2019  
PRESCHOOL FOR ALL  
PROPOSAL NARRATIVE:  
SCREENING PROCESS TO IDENTIFY CHILDREN  
WHO ARE AT RISK

## EARLY CHILDHOOD DIVISION

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



# Illinois State Board of Education

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 9

FY 2019  
**PRESCHOOL FOR ALL  
PROPOSAL NARRATIVE:  
APPROPRIATE EDUCATIONAL PROGRAM**

## EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Describe in the space provided how this requirement will be met. Each PRESCHOOL FOR ALL 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.)**



# Illinois State Board of Education

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 10

FY 2019  
**PRESCHOOL FOR ALL  
ROPOSAL NARRATIVE:  
PARENT EDUCATION AND INVOLVEMENT**

## EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Describe in the space provided how these requirements will be met. PRESCHOOL FOR ALL 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

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 11

## FY 2019 PRESCHOOL FOR ALL PROPOSAL NARRATIVE: COMMUNITY COLLABORATION

### EARLY CHILDHOOD DIVISION

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

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

## FY 2019 PRESCHOOL FOR ALL PROPOSAL NARRATIVE: STAFF REQUIREMENTS

### EARLY CHILDHOOD DIVISION

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

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

## FY 2019 PRESCHOOL FOR ALL PROPOSAL NARRATIVE: STAFF REQUIREMENTS

### EARLY CHILDHOOD DIVISION

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

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 13

## FY 2019 PRESCHOOL FOR ALL PROPOSAL NARRATIVE: PROFESSIONAL DEVELOPMENT

### EARLY CHILDHOOD DIVISION

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

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

PRESCHOOL FOR ALL 19  
ATTACHMENT 14

## FY 2019 PRESCHOOL FOR ALL PROPOSAL NARRATIVE: EVALUATION

### EARLY CHILDHOOD DIVISION

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 2019  
PRESCHOOL FOR ALL

STATE BUDGET SUMMARY AND PAYMENT SCHEDULE

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

ISBE USE ONLY	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE

<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>19</b>	SOURCE OF FUNDS CODE <b>3705</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)	

**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 [https://www.isbe.net/Documents/fiscal\\_procedure\\_handbk.pdf](https://www.isbe.net/Documents/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
28	Total Direct Costs										May
29	Indirect Costs (Direct Cost X ____%)										June
31	<b>TOTAL BUDGET</b>										July-August

\_\_\_\_\_ 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 Director, Teaching and Learning

TOTAL  
\$ \_\_\_\_\_

FY 2019 PRESCHOOL FOR ALL  
 BUDGET SUMMARY BREAKDOWN

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

**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 [https://www.isbe.net/Documents/fiscal\\_procedure\\_handbk.pdf](https://www.isbe.net/Documents/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 2019 PRESCHOOL FOR ALL  
BUDGET SUMMARY BREAKDOWN**

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

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		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
<b>TOTAL</b>									

**FY 2019 PRESCHOOL FOR ALL  
BUDGET SUMMARY BREAKDOWN**

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

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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 2019 PRESCHOOL FOR ALL  
 BUDGET SUMMARY BREAKDOWN

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

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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>									



# Illinois State Board of Education

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

FY 2019  
PRESCHOOL FOR ALL  
PROPOSAL NARRATIVE:  
INDIRECT COST ITEMIZATION

## EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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### INDIRECT COST RATE AS APPLIED TO THIS GRANT

**Instructions:** If indirect costs are requested for reimbursement, complete the below itemization. If no reimbursement is being requested, leave blank. **Attach additional pages if necessary.**

Describe the costs used to arrive at the amount of indirect costs budgeted. The Indirect Cost budgeted on the Budget Summary page must equal the total amount described below.

**Indirect Cost budgeted from Budget Summary, line 30:**

**Description:** Describe the costs in each section (Object) used to determine the amount of indirect costs budgeted.

**Salaries, Object 100:** Describe the position(s) and correlated salary included in Indirect Costs.

**Cost**

	<input style="width: 90%; height: 20px;" type="text"/>
--	--

**Benefits, Object 200:** Describe the benefits, such as TRS, FICA, IMRF, Life Insurance, etc., that are included in Indirect Costs.

	<input style="width: 90%; height: 20px;" type="text"/>
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**Purchased Services Object 300:** Describe the items, such as worker's compensation, unemployment, travel, etc., that are included in Indirect Costs.

	<input style="width: 90%; height: 20px;" type="text"/>
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**Supplies and Materials, Object 400:** Describe the items, such as paper, utilities, non-depreciable items, etc., that are included in Indirect Costs.

	<input style="width: 90%; height: 20px;" type="text"/>
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**TOTAL AMOUNT**



FY 2019 PRESCHOOL FOR ALL  
AMENDMENT BUDGET SUMMARY BREAKDOWN

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

**Directions:** Prior to preparing this Budget Summary Amendment request, please refer to the State and Federal Grant Administration Policy, Fiscal Requirements and Procedures Handbook that can be accessed at [https://www.isbe.net/Documents/fiscal\\_procedure\\_handbk.pdf](https://www.isbe.net/Documents/fiscal_procedure_handbk.pdf). Obligations of funds based on this amendment cannot begin prior to the date of receipt at ISBE of a substantially approvable amendment request.

To complete the form below, provide a thorough description of each line item to be amended. Expenditure Description and Itemization (column 3) must match the currently approved budget and must include specific information for each entry. Rationale for Requested Change (column 7) must provide sufficient information and detail for ISBE personnel to ascertain approval of each line item amendment request. Amendment requests that do not fulfill these requirements will be denied until sufficient information is provided to ISBE.

Attach new Budget Summary and Payment Schedule (Attachment 15) to reflect requested amendment amounts.

FUNCTION NUMBER (1)	OBJECT NUMBER (2)	ITEMIZATION (3)	CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
			NET CHANGE (+ or -)			



**FY 2019**  
**PRESCHOOL FOR ALL**  
**PROGRAM-SPECIFIC TERMS OF THE GRANT**

**EARLY CHILDHOOD DIVISION**

1. 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 each fiscal year. Preschool programs will keep the agreement on file for monitoring purposes.
2. Prior to final funding approval, each grantee must:
  - a. present evidence Teachers of children ages 3 to 5 years must hold a professional educator license endorsed in early childhood education or an educator license with stipulations endorsed in early childhood and one of the following endorsements: provisional educator, alternative provisional educator, resident teacher or visiting international educator. (See Section 2-3.71(a)(3) of the School Code and 23 Ill. Adm. Code 1. Appendix A.) and
  - b. Paraprofessional staff employed to assist in instruction provided to children ages 3 to 5 years shall meet the requirements set forth in 23 Ill. Adm. Code 25.510(b) (Endorsement for Paraprofessional Educator) or hold an approval for paraprofessional educator received in accordance with Section 25.15(a)(2)(J) (Types of Licenses; Exchange) and
  - c. Teachers of children ages 3 to 5 years who are assigned to a transitional bilingual program or a transitional program of instruction that is administered by a school district, either in an attendance center or a non-school-based facility, shall meet the requirements set forth in 23 Ill. Adm. Code 228.35 (Transitional Bilingual Education), as applicable.
3. If the Early Childhood Block Grant program is operated in or by a child care center subject to the licensure requirements of the Illinois Department of Children and Family Services (DCFS), then that child care center must hold the appropriate licensure in accordance with rules promulgated by DCFS (see 89 Ill. Adm. Code 403 (Licensing Standards for Group Homes), 405 (Licensing Standards for Day Care Agencies), 406 (Licensing Standards for Day Care Homes), 407 (Licensing Standards for Day Care Centers) and 408 (Licensing Standards for Group Day Care Homes)).
4. Financial Reports: Grant recipients with an approved state and/or federal grant program are required to submit quarterly expenditure reports. The quarterly reports are due twenty days following the end of the reporting quarter (e.g. September 30 expenditure report is due at ISBE on or before October 20). Failure to submit the report by the due date will result in scheduled payments being withheld until the required report is received. 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, 2018	October 20, 2018
2	December 31, 2018	January 20, 2019
3	March 31, 2019	April 20, 2019
Final	June 30, 2019	July 20, 2019

5. Reporting: All grantees must report the following to the Illinois State Board of Education.
  - a. All grantees must enroll each PRESCHOOL FOR ALL 19 student in the ISBE Student Information System(SIS) by October 15 of each year. This reporting activity is continuous throughout the year. All grantees must exit each PRESCHOOL FOR ALL 19 student at the end of the year or when the child leaves the program.
  - b. 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 19 project for which the grantee is funded:
    - i. Student Information System (SIS) Early Childhood Data
    - ii. Student Health Data -- Immunization
    - iii. Employment Information System (EIS) Teacher, Administrator, and Other School Personnel Data (continuous reporting throughout the year)
    - iv. Early Childhood Outcome (for children with IEP's)
    - v. Any similar program-related information that the State Superintendent of Education may request upon 30 days' written notice.

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 in the community with children who are potentially at risk be made aware of the availability of the opportunity for preschool education through the program.
7. Any grantee that fails to enroll the required percentage of at risk children (80 percent) in the particular prioritization category for which the proposal was funded (i.e., at-risk status or income levels) will have its grant award reduced proportionate to the decrease in percentage of such children enrolled.
8. 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.
9. School district grantees with programs serving homeless children must comply with all applicable provisions of the federal McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.). Non-school district grantees should, to the extent 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.
10. Beginning in the 2014-15 school year, each grantee that operates a preschool education program funded under this Part shall participate in ExceleRate Illinois (see <http://www.excelebrateillinois.com> and click on "Information for Providers"). ExceleRate Illinois is the State's quality rating and improvement system that emphasizes continuous quality improvement for early learning and development programs and uses a consistent set of standards organized into four domains of teaching and learning; family and community engagement; leadership and management; and qualifications and continuing education.
11. Each program shall be monitored on site at least once every four years to determine the extent to which it is complying with all operational requirements and to assess the quality of the developmental and/or educational components offered.
12. Each program shall receive a monitoring report with the results of the operational compliance checklist and the quality assessment. Using those results, the program shall complete a continuous quality improvement plan addressing operational compliance and a continuous quality improvement plan addressing the quality assessment. Each continuous quality improvement plan shall, at a minimum, address:
  - a. the specific issue or indicator for which a deficiency was noted;
  - b. the actions to be taken to remedy the deficiencies and, as applicable, the resources and professional development that will be targeted towards improvement efforts; and
  - c. The person responsible and the timelines in which the deficiencies are expected to be corrected, provided that no continuous quality improvement plan shall be in effect for more than two school years.The continuous quality improvement plan shall be signed by the person legally authorized to submit the plan, shall bind the applicant to its contents, and shall be electronically submitted to the State Board of Education not later than 30 days after the program's receipt of the monitoring report.

For each year in which the continuous quality improvement plan is in effect, the program shall submit a progress report to the State Board of Education that describes the progress the program has made relative to remedying the deficiencies identified. The progress report shall be submitted electronically no later than June 1 of each year.

A program that fails to reach the goals of the continuous quality improvement plan within the timelines specified in the plan shall be subject to additional sanctions, including, but not limited to, removal of grant approval.

13. Fiscal Monitoring: All activities are subject to an audit at the local, state and federal level. Staff from ISBE may conduct a financial review of your program to audit records and offer technical assistance. This review will ascertain on a sample basis whether or not such records are adequately and properly maintained on a current basis.

The purpose of this review is to determine if the project meets legal requirements and to verify the eligibility of expenditures by examining sample documentation for the following:

- a. funds disbursed to the grant recipient were received and properly recorded in separate accounts/general ledger;
- b. payments reported by the grant recipient were actually made to vendors, contractors and employees and that they conform to applicable laws and regulations, including procurement requirements and support the program intent;
- c. refunds, discounts, etc., were properly credited to specific expense classifications as reductions of the gross expenditure;
- d. payments are supported by adequate evidence of the delivery of goods or performance of services;
- e. obligations included in the report of expenditures were actually incurred during the budget period for which the expenditures were claimed and upon liquidation were properly adjusted;
- f. the same item is not reported as an expenditure for two or more years, e.g., encumbrance is one year and payment in another; items are properly recorded in the program year

- g. all expenditures that were claimed were made for the approved project and are easily identifiable with this project;
- h. all books and materials obtained with the grant funds are plainly marked with appropriate identification;
- i. all inventory items have been allocated an inventory number and the number has been plainly affixed on each piece of equipment and plainly labeled;
- j. an inventory register has been maintained of those items required to be inventoried which shows:
  - i. description;
  - ii. serial number or other identification number;
  - iii. funding source for purchased property;
  - iv. who holds title;
  - v. acquisition date and cost;
  - vi. location, use and condition of property;
  - vii. disposition date
- k. Inventory items moved from one location to another have been duly authorized in writing and that the transfer has been recorded in the inventory register, and each item of equipment purchased was listed in the approved budget breakdown and is being used solely for authorized purposes;
- l. prorated expenditures, such as salaries (supported by time and effort documentation), travel, etc., are divided correctly between two or more accounts and that the basis of such division can be substantiated as reasonable and equitable (the auditor will compare actual expenditures with the approved budget and note variations);
- m. unexpended state funds advanced or overpaid were promptly returned to the Illinois State Board of Education;
- n. payments to an administrator who is employed by the Board of Education under the terms of the contract covering a twelve-month period of service were not included in administrative expenses;
- o. obligations were liquidated within 90 days after the end of the budget period and adjusted to the amount finally paid; and,
- p. expenditures were incurred for activities in addition to those that have been provided previously for public and non-profit private school students and teachers.

***Transfer: The Illinois State Board of Education reserves the right to transfer equipment if the grant activities cease to exist for the grant recipient for which the equipment was originally acquired.***

- 14. Supplanting: Funds received under the PRESCHOOL FOR ALL 19 Program shall be used to supplement, and not supplant, funds that would otherwise be used for the proposed activities. (Sections 2-3.71 and 2-3.89 of the School Code)
- 15. No fees will be charged of parents or guardians and their children who are enrolled and participate in PRESCHOOL FOR ALL 19 programs.
- 16. No more than 5 percent of the total grant award shall be used for administrative and general expenses not directly attributed to program activities, except that a higher limit not to exceed 10 percent may be negotiated with an applicant that has provided evidence that the excess administrative expenses are beyond its control and that it has exhausted all available and reasonable remedies to comply with the limitation. If a 10 percent exception has been approved for Function 2300 the budgeted cell may not exceed 10 percent of the total grant allotment in the Final Expenditure Report.
- 17. 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.
- 18. 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).
- 19. Grant recipients are not allowed to begin an activity, obligate or expend funds that will be charged to a state or federal grant until a substantially approvable initial application has been received at ISBE. Grant recipients that submit a state or federal initial application prior to the program begin date (usually July 1) will be granted an appropriate project begin date for the following fiscal year unless state appropriation authority has not been approved. Grant recipients that submit a state or federal initial application after July 1 will be assigned a project begin date no earlier than when the initial application was received at ISBE or the program begin date (whichever is later). Grant recipients of a state competitive program should not begin any activity, obligate or expend funds until ISBE provides formal approval of the application and grant amount. Grant recipients that submit a state or federal budget amendment between the project begin and end date are not allowed to begin an activity, obligate or expend funds prior to the date of receipt at ISBE provided the scope or intent of the approved project has not changed. If the scope or intent of a project significantly changes through an amendment, ISBE programmatic approval should be obtained prior to the obligation of funds for the new activities provided in the amendment.

20. 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 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-licensed 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.
21. Payrolls must be supported by time and attendance or equivalent records for individual employees. Salaries and wages of employees chargeable to more than one grant program or other cost objective will be supported by appropriate time distribution records/cost allocation plans.
22. A Cost Allocation Plan (CAP) is a document that states how a grant recipient will identify, accumulate and distribute certain allowable administrative costs in grants and identifies the allocation methods used for distributing the costs. A written plan for allocating joint costs is required to support the distribution of those costs to the grant program. When a grant recipient completes a grant application/amendment, it must determine to either utilize its restricted indirect cost rate as calculated by ISBE or utilize a CAP which must then be documented via personnel time and effort information as well as formal accounting records according to generally accepted governmental accounting principles to substantiate the propriety of the eventual charges. All applicable documentation must be available for review upon request by a local auditor or ISBE auditor.
23. 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 for compliance with all of the terms and conditions of the grant agreement. The administrative agent is responsible to the participating grantee and is the agent designated to receive funds and submit reports.
24. Travel expenses, including transportation costs and, when overnight stay is required, lodging and per diem, are subject to the State rates published by the Governor's Travel Control Board for State employees and posted at <http://www.illinois.gov/cms/employees/travel/pages/travelreimbursement.aspx>.

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.

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*Name of Applicant/Entity*

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*Date*

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*Original Signature of Authorized Official*

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*Title*

**GRANT APPLICATION CERTIFICATIONS AND ASSURANCES**


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*(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.

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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 who 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**

2. 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.
3. 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.

#### **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.*

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

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Name of Authorized Official (Type or Print)