



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

ATTACHMENT 1

Uniform Application for State Grant Assistance

Agency Completed Section		
1.	Type of Submission	<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application
2.	Type of Application	<input 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 <i>Completed by State Agency upon Receipt of Application</i>	
4.	Name of the Awarding State Agency	Illinois State Board of Education
5.	Catalog of State Financial Assistance (CSFA) Number	586-84-2069
6.	CSFA Title	State Programs - After School Programs - Non-school Districts
Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	24-3999-AP
12.	Funding Opportunity Title	State Programs - After School Programs - Non-school Districts
13.	Funding Opportunity Program Field	Education
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
14.	Competition Identification Number	
15.	Competition Identification Title	

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

Applicant Completed Section

APPLICANT NAME (District Name and Number, if applicable)	REGION COUNTY DISTRICT TYPE CODE
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16.	Legal Name (Name used for UEI registration and grantee prequalification)	
17.	Common Name (DBA)	
18.	Employer/Taxpayer Identification Number (EIN, TIN)	
19.	Organizational UEI 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/Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number <i>(Include Area Code)</i>	
29.	Fax Number <i>(Include Area Code)</i>	
30.	Email Address	

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

31.	First/Last Name	
32.	Suffix	
33.	Title	
34.	Organizational Affiliation	
35.	Telephone Number <i>(Include Area Code)</i>	
36.	Fax Number <i>(Include Area Code)</i>	
37.	Email 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 <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: \$ _____ <div style="text-align: right;"><input type="checkbox"/> Total Amount: \$ _____</div>

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 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)

☐ I agree

Authorized Representative

46.	First/Last	
47.	Suffix	
48.	Title	
49.	Telephone Number <i>(Include Area Code)</i>	
50.	Fax Number <i>(Include Area Code)</i>	
51.	Email Address	
53.	Signature of Authorized Representative	
54.	Date Signed	



Illinois State Board of Education

Wellness Department
100 North First Street, W-270
Springfield, Illinois 62777-0001

ATTACHMENT 2

Page ____ of ____

FY 2024
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

PROGRAM NARRATIVE

Directions: Provide an overview of the program plan and the relevance to the selected Objective(s). Include the rationale for program activities and intended impact for students. ***Responses must be limited to not more than five pages.***



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FY 2024
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

PROGRAM PLAN

Project Description: The After School Program Grant to NON-SCHOOL DISTRICTS is designed to support Illinois State Board of Education goals by designing and implementing activities that support one or any combination of the following Objective(s):

- A. Improved academic outcomes for students, and/or,
- B. Provision of opportunities for enrichment activities in a safe and healthy environment, and/or
- C. Provision of opportunities to strengthen public, private, and philanthropic partnerships so that quality support services are more durable for students facing the greatest challenges.

Directions: Identify chosen Objective(s) and complete the chart below. **Limit to space provided.**

	Project Activities/ Resources (include description, features and relationship to Goal Area(s))	Timeline	Number of Students to be Served	Budget	Anticipated Audience(s) and Expected Growth	Evaluation Method
Selected Objective(s)/Goal Area(s) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C						

Grants should supplement current efforts and programs, not supplant. NSLP and CACFP: To augment offerings to students, grantees should consider reviewing and exploring opportunities for participation in the [National Lunch and School Snack Program](#) and/or the Child and Adult Care Food at Risk Program. The National School Lunch Program, which is administered by the Illinois State Board of Education, offers cash reimbursements to help schools serve snacks to children in afterschool activities aimed at promoting the health and wellbeing of children and youth in our communities.

- [Afterschool Snacks](#)
- [Fact Sheet](#)
- [FAQs](#)

The At-Risk Afterschool Meals component of the [Child and Adult Care Food Program](#) (CACFP) offers federal funding to Afterschool Programs that serve a meal or snack to children in low-income areas.

- [At-Risk Afterschool Meals Handbook](#)



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ILLINOIS STATE BOARD OF EDUCATION
Wellness Department
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FY 2024
AFTER SCHOOL PROGRAMS
GRANT – NON-SCHOOL DISTRICTS

STATE BUDGET SUMMARY AND PAYMENT SCHEDULE

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

- ☐ Initial Budget ☐ Amendment No. _____
☐ Revised Initial Budget ☐ Multi-district Application

FISCAL YEAR 24	SOURCE OF FUNDS CODE 3999-AP	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)	

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

Directions: Prior to preparing this Budget Summary 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. 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-CAPITAL- IZED EQUIPMENT (9) (Obj. 700s)	TOTAL (11)	PAYMENT SCHEDULE
1	1000	Instruction									July-August
2	2110	Attendance & Social Work Services									September
3	2120	Guidance Services									
4	2130	Health Services									October
5	2140	Psychological Services									November
7	2210	Improvement of Instruction Services									
8	2220	Educational Media Services									December
9	2230	Assessment & Testing									January
16	2550	Pupil Transportation Services									
20	2620	Planning, Research, Development & Evaluation Services									February
21	2630	Information Services									March
24	2900	Other Support Services									
25	3000	Community Services									April
26	3700	Nonpublic School Pupil Services									May
27	4000	Payments to Other Districts or Government Units									
28	5000	Debt Services									June
29	Total Direct Costs										July-August
30	Approved Indirect Costs x _____% *										
31	TOTAL BUDGET										TOTAL \$ _____

* Contact the GATA Department for indirect cost restrictions.

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Date *Original* Signature of Superintendent or Administrator

Date *Original* Signature of ISBE Division Administrator,
Nutrition and Wellness

FY 2024
AFTER SCHOOL PROGRAMS GRANT – NON-SCHOOL DISTRICTS 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 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.

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)	
TOTAL									

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

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 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.

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TOTAL									

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TOTAL									