



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"/> 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	586-18-0868
6.	CSFA Title	EARLY CHILDHOOD BLOCK GRANT - PREVENTION INITIATIVE FOR BIRTH TO AGE 3 YEARS
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	20-3705-01
12.	Funding Opportunity Title	PREVENTION INITIATIVE FOR BIRTH TO AGE 3 YEARS
13.	Funding Opportunity Program Field	EARLY CHILDHOOD
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 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)	

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.	E-Mail 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.	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 <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: \$ _____

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



Illinois State Board of Education

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

FY 2020
PREVENTION INITIATIVE BIRTH TO THREE

APPLICANT OVERVIEW

DIRECTIONS: Complete the following Proposal information for the designated administrative agent.

PROPOSED PREVENTION INITIATIVE BIRTH TO THREE PROGRAM INFORMATION

Complete all that apply. Do not duplicate children between the PI Programs).

	Children to Be Served	Dollar Amount of Proposal	Cost per child <i>(Dollar amount of proposal divided by Number of children served.)</i>
<input type="checkbox"/> Home Visiting PI Program	_____	_____	_____
<input type="checkbox"/> Child Care Center-Based PI Program	_____	_____	_____

PROGRAM MODEL FOR PARENT EDUCATION HOME VISITING

- Baby TALK
- Parents as Teachers
- Nurse Family Partnership
- Early Head Start
- Healthy Families America
- Other: _____

SUPPLEMENTAL SERVICES HOME VISITING OR CHILD CARE CENTER-BASED

- Doula Services
- Touchpoints™
- Other: _____
- Fussy Baby Network®
- Abriendo Puertas/Opening Doors

TYPE OF AGENCY (Check only)

- School District
- Regional Office of Educator
- Higher Education
- Community – Based Organization
- Child Care Center – Not-for-Profit
- Child Care Center – For-Profit
- Faith – Based Organization
- Other _____

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

(Check one) Agency Staff Independent Contractor

Grant Writer

Superintendent/Authorized Agency Official

Typed Name of Grant Writer

Typed Name of Superintendent or Authorized Agency Official

Signature of Grant Writer

Signature of Superintendent or Authorized Agency Official

Date

Date



Illinois State Board of Education

Early Childhood Division
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Springfield, Illinois 62777-0001

FY 2020
PREVENTION INITIATIVE BIRTH TO THREE

JOINT APPLICATION

All joint recipients for funding must complete the joint application form.

Number of districts
in Joint Application _____

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

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



Illinois State Board of Education

Early Childhood Division
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FY 2020
PREVENTION INITIATIVE BIRTH TO THREE

JOINT APPLICATION

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

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



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PREVENTION INITIATIVE BIRTH TO THREE

PROGRAM NARRATIVE

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 1 in the Program Narrative section of the RFP.



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FY 2020
PREVENTION INITIATIVE BIRTH TO THREE

PROGRAM NARRATIVE

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 2 in the Program Narrative section of the RFP.



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PREVENTION INITIATIVE BIRTH TO THREE

PROGRAM NARRATIVE

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 3 in the Program Narrative section of the RFP.



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PREVENTION INITIATIVE BIRTH TO THREE

PROGRAM NARRATIVE

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 4 in the Program Narrative section of the RFP.



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PROGRAM NARRATIVE

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 5 in the Program Narrative section of the RFP.



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PREVENTION INITIATIVE BIRTH TO THREE

PROGRAM NARRATIVE

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 6 in the Program Narrative section of the RFP.



SITE INFORMATION

APPLICANT NAME (District Name and Number, if applicable)		REGION, COUNTY, DISTRICT, TYPE CODE	
Enter below the information requested for all proposed sites. ALL applicants must complete this section for all proposed sites. See Appendix A of the RFP for a list of districts defined as Tier 1 or Tier 2.			
PROPOSED SITE LOCATION INFORMATION		SITE PROGRAMMING INFORMATION	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
CITY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
COUNTY		Program Hours per day _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		FTE Staff at this Site _____	
NAME OF SITE		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		Attendance Days per Year _____	
COUNTY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
DISTRICT IN WHICH THIS SITE IS LOCATED		Program Hours per day _____	
NAME OF SITE		FTE Staff at this Site _____	
CITY		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTY		Attendance Days per Year _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
NAME OF SITE		Program Hours per day _____	
CITY		FTE Staff at this Site _____	
COUNTY		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days per Year _____	
NAME OF SITE		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY		Program Hours per day _____	
COUNTY		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
CITY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
COUNTY		Program Hours per day _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		FTE Staff at this Site _____	
NAME OF SITE		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY		Attendance Days per Year _____	
COUNTY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
DISTRICT IN WHICH THIS SITE IS LOCATED		Program Hours per day _____	
NAME OF SITE		FTE Staff at this Site _____	
CITY		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COUNTY		Attendance Days per Year _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
NAME OF SITE		Program Hours per day _____	
CITY		FTE Staff at this Site _____	
COUNTY		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days per Year _____	
NAME OF SITE		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY		Program Hours per day _____	
COUNTY		FTE Staff at this Site _____	
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COUNTY		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
DISTRICT IN WHICH THIS SITE IS LOCATED		Program Hours per day _____	
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CITY		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
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CITY		FTE Staff at this Site _____	
COUNTY		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DISTRICT IN WHICH THIS SITE IS LOCATED		Attendance Days per Year _____	
NAME OF SITE		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY		Program Hours per day _____	
COUNTY		FTE Staff at this Site _____	



SITE INFORMATION

APPLICANT NAME (District Name and Number, if applicable)		REGION, COUNTY, DISTRICT, TYPE CODE	
Enter below the information requested for all proposed sites. ALL applicants must complete this section for all proposed sites. See Appendix A of the RFP for a list of districts defined as Tier 1 or Tier 2.			
PROPOSED SITE LOCATION INFORMATION		SITE PROGRAMMING INFORMATION	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site in a Tier 1 or Tier 2 District? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SITE		Attendance Days per Year _____	
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
CITY	COUNTY	Program Hours per day _____	
		FTE Staff at this Site _____	



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FY 2020
PREVENTION INITIATIVE BIRTH TO THREE

OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 7 in the Program Narrative section of the RFP.



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OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 8 in the Program Narrative section of the RFP.



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OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 9 in the Program Narrative section of the RFP.



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OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 10 in the Program Narrative section of the RFP.



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OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 11 in the Program Narrative section of the RFP.



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OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 12 in the Program Narrative section of the RFP.



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OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 13 in the Program Narrative section of the RFP.



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OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 14 in the Program Narrative section of the RFP.



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PREVENTION INITIATIVE BIRTH TO THREE

OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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Directions: Address question 15 in the Program Narrative section of the RFP.



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PREVENTION INITIATIVE BIRTH TO THREE

OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 16 in the Program Narrative section of the RFP. *Applies only to non-school district applicants and joint agreement applicants.*



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PREVENTION INITIATIVE BIRTH TO THREE

OBJECTIVES AND ACTIVITIES

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

Directions: Address question 17 in the Program Narrative section of the RFP. *Applies only to non-school district applicants and joint agreement applicants.*



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PROPOSAL EVALUATION DESIGN

DISTRICT NAME AND NUMBER (if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 18 in the Program Narrative section of the RFP.



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PROPOSAL EVALUATION DESIGN

DISTRICT NAME AND NUMBER (if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address question 19 in the Program Narrative section of the RFP.

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

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

**FY 2020 PREVENTION INITIATIVE BIRTH TO THREE
 STATE BUDGET SUMMARY AND PAYMENT SCHEDULE**

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

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

FISCAL YEAR 20	SOURCE OF FUNDS CODE 3705-01	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)	

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									
2	2110	Attendance & Social Work Services									July-August
3	2120	Guidance Services									
4	2130	Health Services									September
5	2140	Psychological Services									
6	2150	Speech Pathology & Audiology Services									October
7	2210	Improvement of Instruction Services									
8	2220	Educational Media Services									November
9	2230	Assessment & Testing									
10	2300	General Administration									December
11	2400	School Administration									
12	2510	Direction of Business Support Services*									January
13	2520	Fiscal Services*									
14	2530	Facilities Acquisition and Construction**									February
15	2540	Operation & Maintenance of Plant Services									
16	2550	Pupil Transportation Services									March
17	2560	Food Services									
18	2570	Internal Services*									April
19	2610	Direction of Central Support Services									
20	2620	Planning, Research, Development & Evaluation Services									May
21	2630	Information Services									
22	2640	Staff Services*									June
23	2660	Data Processing Services*									
24	2900	Other Support Services									July-August
25	3000	Community Services									
26	3700	Nonpublic School Pupil Services									TOTAL
27	4000	Payments to Other Districts or Government Units									\$ _____
28	5000	Debt Services									
29	Total Direct Costs										
30	INDIRECT COSTS (Direct Cost X _____ %)										
31	TOTAL BUDGET										

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

_____ Date *Original* Signature of Superintendent or Administrator _____ Date *Original* Signature of ISBE Division Administrator

**FY 2020 PREVENTION INITIATIVE
BUDGET SUMMARY BREAKDOWN**

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.

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									

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TOTAL									



PROGRAM-SPECIFIC TERMS OF THE GRANT

1. Subcontracting: 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:
 - o Name(s) and address(es) of subcontractor(s)/sub-grantee(s);
 - o Need and purpose for each subcontract/sub-grant;
 - o Measurable and time specific services to be provided;
 - o Associated costs (i.e., amounts to be paid under each subcontract/sub-grant); and
 - o 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. 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).
3. Beginning in FY 2019 school year, each grantee that operates a center-based Prevention Initiative program 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.
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, 2019	October 20, 2019
2	December 31, 2019	January 20, 2020
3	March 31, 2020	April 20, 2020
Final	June 30, 2020	July 20, 2020

5. Reporting: All grantees must enroll each Prevention Initiative 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 Prevention Initiative student at the end of the year or when the child leaves the program. 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 Prevention Initiative projects for which the grantee is funded:
 - a) Student Information System (SIS) Birth to 3;
 - b) Student Information System (SIS) Caregiver Demographic Data;
 - c) Student Information System (SIS) Prenatal;
 - d) 0-3 Prevention Initiative - Parent Questionnaire;
 - e) 0-3 Prevention Initiative - Outcomes Questionnaire.

6. Each grantee funded to serve 100% students at risk of academic failure. For the purpose of Prevention Initiative “at risk” is defined as those children who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure.
7. Any grantee that fails to enroll the required percentage of at risk children (100 percent) for which the proposal was funded will have its grant award reduced proportionate to the decrease in percentage of such children enrolled.
8. 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. 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.

9. Supplanting: Funds received under Prevention Initiative 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)
10. No fees will be charged of parents or guardians and their children who are enrolled and participate in Prevention Initiative programs.
11. 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 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 recorded 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:
 - Description;
 - Serial number or other identification number;
 - Funding source for purchased property;
 - Who holds title;
 - Acquisition date and cost;
 - Location, use and condition of property; and
 - 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 the 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 not-profit private school students and teachers.
 - q) 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.
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. 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.
15. 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.
16. 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.
17. 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.

18. 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.
19. 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.

Name of Applicant/Entity

Date

Original Signature of Authorized Official

Title



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

FY 2020
PREVENTION INITIATIVE BIRTH TO THREE

GRANT APPLICATION CERTIFICATIONS AND ASSURANCES

APPLICANT'S NAME: _____

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

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.



Illinois State Board of Education

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

FY 2020
PREVENTION INITIATIVE BIRTH TO THREE

DEMONSTRATION OF NEED

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Select the option you are using to demonstrate need for an early childhood block grant program within your community per program narrative and objectives and activities sections of RFP.

- A letter(s) from the local program providing similar services, home visiting or center-based services (Early Head Start, current Early Childhood Block Grant (ECBG) programs, current Illinois Department of Human Services (IDHS) programs, current Maternal, Infant, and Early Childhood Home Visiting (MIECVH) programs, or locally funded programs), which demonstrates a need for additional services in the community (attach to proposal).
- Completion of Form 13 to indicate gap in slots compared to eligible population.
- IECAM data showing a gap in services and the need for additional slots in the community (Reflected in Program Narrative section, #2 and #7).
- Information from the programs community needs assessment showing a gap in services and the need for additional slots in the community (Reflected in Program Narrative section, #2 and #7).



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SLOT GAP ANALYSIS

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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Directions: Complete all questions below. Information can be requested from IECAM. Other resources can be utilized, such as census information.

Question	Response
How many children age 1 to 3 years are located within the service area?	
What is the birth rate in your community? (IECAM Data)?	
If you are currently serving students through Prevention Initiative, how many children are you funded to serve?	
What is the capacity for enrollment at the local Early Head Start?(contact local EHS program)	
What is the capacity for enrollment for other community based organizations serving children birth to age 3 years (i.e., other current Prevention Initiative programs, current Illinois Department of Human Services (IDHS) programs, current Maternal, Infant, and Early Childhood Home Visiting (MIECVH) programs, or locally funded programs)?	
How many children are located within district boundaries birth to age 3 years with FPL less than 100%?(IECAM information)	
How many children are located within district boundaries birth to age 3 years with FPL 100-200%?	
How many children are located within district boundaries Birth to age 3 years with FPL 200-400% FPL?	
Taking in to consideration number of children in the area needing to be served and the number of community slots currently available, how many students are still in need of services? (Total number of children less than 200% FPL – Early Head Start slots, Prevention Initiative slots, Community-Based Organization slots = total need)	
How many children is your program requesting to serve?	