



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	586-41-2830
6.	CSFA Title	Agricultural Education - FCAE - Curricular Resource Management
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	23-3235-CR
12.	Funding Opportunity Title	Agricultural Education - FCAE
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 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

CTE and Innovation Department
100 North First Street, C-215
Springfield, Illinois 62777-0001

ATTACHMENT 2A

FY 2023
FCAE - CURRICULAR RESOURCE
MANAGEMENT

PROPOSAL ABSTRACT

ENTITY NAME

REGION, COUNTY, DISTRICT, TYPE CODE

INSTRUCTIONS: Each proposal must include response to each item (current status, need, program description, student participation, online courses, staff training, and sustainability) in order in which they are presented under the Program Narrative Requirements of the RFP. *Responses limited to this page.*



Illinois State Board of Education

CTE and Innovation Department
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Springfield, Illinois 62777-0001

ATTACHMENT 2B

Page ____ of ____

FY 2023
FCAE - CURRICULAR RESOURCE
MANAGEMENT

PROGRAM NARRATIVE

Directions: Provide an overview of the program plan and the relevance to the selected Objective(s). Include rationale for program activities and intended impact for students. **Responses must be limited to not more than 10 pages.**



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FY 2023
FCAE - CURRICULAR RESOURCE
MANAGEMENT

OBJECTIVES AND ACTIVITIES

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Provide the information requested in the Program Requirements section of the RFP. **Responses must be limited to not more than 10 pages.**



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FY 2023
FCAE - CURRICULAR RESOURCE
MANAGEMENT

PROPOSAL EVALUATION DESIGN

LEA NAME (for joint proposal)	REGION, COUNTY, DISTRICT, TYPE CODE
DISTRICT NAME AND NUMBER	SCHOOL NAME

Directions: Each proposal must include a detailed description of the methodology to be used and the data to be collected when determining the program's effectiveness, to include at least the data elements listed under the Evaluation Design Requirements of the RFP. **Responses must be limited to not more than five pages.**



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

ILLINOIS STATE BOARD OF EDUCATION
 CTE and Innovation Department
 100 North First Street, C-215
 Springfield, Illinois 62777-0001

FY 2023

FCAE - Curricular Support Management

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 23	SOURCE OF FUNDS CODE 3235-CR	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
ENTITY 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										

* Contact the GATA Department for indirect cost restrictions.

_____ Date

_____ Original Signature of Superintendent or Administrator

_____ Date

_____ Original Signature of ISBE Division Administrator

FY 2023 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									

FY 2023 BUDGET SUMMARY BREAKDOWN

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Initial Budget Amendment No. _____
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FY 2024

FCAE - Curricular Support Management

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	TOTAL FUNDS	
	CARRYOVER FUNDS	CURRENT FUNDS
	BEGIN DATE	END DATE

FISCAL YEAR 24	SOURCE OF FUNDS CODE 3235-CR	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
ENTITY NAME AND NUMBER			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
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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										

* Contact the GATA Department for indirect cost restrictions.

_____ Date

_____ Original Signature of Superintendent or Administrator

_____ Date

_____ Original Signature of ISBE Division Administrator

FY 2024 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)	
TOTAL									

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TOTAL									

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

ILLINOIS STATE BOARD OF EDUCATION
 CTE and Innovation Department
 100 North First Street, C-215
 Springfield, Illinois 62777-0001

FY 2025

FCAE - Curricular Support Management

STATE BUDGET SUMMARY AND PAYMENT SCHEDULE

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

FISCAL YEAR 25	SOURCE OF FUNDS CODE 3235-CR	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
ENTITY 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

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										

* Contact the GATA Department for indirect cost restrictions.

_____ Date

_____ Original Signature of Superintendent or Administrator

_____ Date

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