



# 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	<b>Illinois State Board of Education</b>
5.	Catalog of State Financial Assistance (CSFA) Number	<b>586-18-0876</b>
6.	CSFA Title	<b>Agriculture Education - Growing Agricultural Science Teachers (GAST)</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>23-3235-01</b>
12.	Funding Opportunity Title	<b>Growing Agricultural Science Teacher</b>
13.	Funding Opportunity Program Field	<b>Education</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
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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 & Innovation Department  
100 North First Street, C-215  
Springfield, Illinois 62777-0001

ATTACHMENT 2

FY 2023  
GROWING AGRICULTURAL SCIENCE  
TEACHERS (GAST)

## PROPOSAL ABSTRACT

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

**INSTRUCTIONS:** Provide response to information in Proposal Abstract portion of Content and Form of Application Submission section. **Responses must be limited to not more than ONE page.**



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CTE & Innovation Department  
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Springfield, Illinois 62777-0001

ATTACHMENT 3

Page \_\_\_\_ of \_\_\_\_

FY 2023  
GROWING AGRICULTURAL SCIENCE  
TEACHERS (GAST)

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## PROGRAM NARRATIVE

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

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FY 2023  
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TEACHERS (GAST)

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## OBJECTIVES AND ACTIVITIES

---

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME

REGION, COUNTY, DISTRICT, TYPE CODE

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

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FY 2023  
GROWING AGRICULTURAL SCIENCE  
TEACHERS (GAST)

## PROPOSAL EVALUATION DESIGN

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

**Directions:** Each program must include a detailed description of the methodology to be used and the data is 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 THREE pages.*



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Initial Budget       Amendment No. \_\_\_\_\_  
 Revised Initial Budget       Multi-district Application

**ILLINOIS STATE BOARD OF EDUCATION**

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

**FY 2023**

Growing Agricultural Science Teachers

**STATE BUDGET SUMMARY AND PAYMENT SCHEDULE**

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

FISCAL YEAR <b>23</b>	SOURCE OF FUNDS CODE <b>3235-01</b>	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
DISTRICT NAME AND NUMBER			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

<b>ISBE USE ONLY</b>	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									<b>TOTAL</b>
27	4000	Payments to Other Districts or Government Units									\$ _____
28	5000	Debt Services									
29	Total Direct Costs										
30	INDIRECT COSTS (Direct Cost X _____ %) *										
31	<b>TOTAL BUDGET</b>										

\* 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

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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>									

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