



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 (Completed by State Agency upon Receipt of Application)	
4.	Name of the Awarding State Agency	Illinois State Board of Education
5.	Catalog of State Financial Assistance (CSFA) Number	586-13-0506
6.	CSFA Title	Advanced Placement Classes - State Grant
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	25-3961-00
12.	Funding Opportunity Title	Advanced Placement Classes - State Grant
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
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)	
<b>Applicant's Organizational Unit</b>		
22.	Department Name	
23.	Division Name	
<b>Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application</b>		
24.	First/Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number (Include Area Code)	
29.	Fax Number (Include Area Code)	
30.	Email Address	
<b>Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application</b>		
31.	First/Last Name	
32.	Suffix	
33.	Title	
34.	Organizational Affiliation	
35.	Telephone Number (Include Area Code)	
36.	Fax Number (Include Area Code)	
37.	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>

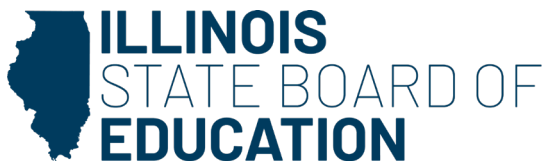
**Applicant Certification:**

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	



Curriculum and Instruction Department  
100 North First Street, N-242  
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ATTACHMENT 2

**FY 2025 ADVANCED PLACEMENT CLASSES –  
COLLEGE AND CAREER SUCCESS FOR ALL  
STUDENTS APPLICATION COVER PAGE**

**APPLICANT INFORMATION**

DISTRICT NAME AND NUMBER

REGION, COUNTY, DISTRICT, TYPE CODE

**TYPE OF PROPOSAL (Check one)**

☐ Unit District

☐ High School District Only

☐ High School and Elementary District

☐ Elementary District Only

☐ Joint Proposal\*

*\* If this is a joint proposal, please complete  
section below:*

**GRADE LEVELS  
TO BE SERVED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ESTIMATED NUMBER OF  
STUDENTS SERVED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROPOSED PROGRAM (Check appropriate box)**

☐ Implementation of AP<sup>®</sup>

☐ Implementation of AP<sup>®</sup> and Pre-AP<sup>®</sup>

☐ Expansion of AP<sup>®</sup>

☐ Expansion of AP<sup>®</sup> and Pre-AP<sup>®</sup>

**\*\*Does your district currently offer AP courses?**

☐ YES ☐ NO

DISTRICT NAME AND NUMBER

PARTICIPATING SCHOOL

GRADES SERVED

NAME OF SUPERINTENDENT

PROJECT CONTACT

TITLE

ADDRESS (Street, City, State, ZIP Code)

ADDRESS (Street, City, State, ZIP Code)

TELEPHONE (Include Area Code)

FAX (Include Area Code)

TELEPHONE (Include Area Code)

FAX (Include Area Code)

EMAIL

EMAIL

*I certify that the program administrator/contact person identified above is authorized to act on behalf of the institution with regard to the Advanced Placement Classes – College and Career Success for All Students Program.*

Date

**Original** Signature of Superintendent

DISTRICT NAME AND NUMBER

PARTICIPATING SCHOOL

GRADES SERVED

NAME OF SUPERINTENDENT

PROJECT CONTACT

TITLE

ADDRESS (Street, City, State, ZIP Code)

CONTACT ADDRESS (Street, City, State, ZIP Code)

TELEPHONE (Include Area Code)

FAX (Include Area Code)

TELEPHONE (Include Area Code)

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Date

**Original** Signature of Superintendent



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**FY 2025 ADVANCED PLACEMENT CLASSES –  
COLLEGE AND CAREER SUCCESS FOR ALL  
STUDENTS APPLICATION**

## PROPOSAL ABSTRACT

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

**INSTRUCTIONS:** Briefly describe the overall objectives and activities of the project in 1 page or less.



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FY 2025 ADVANCED PLACEMENT CLASSES –  
COLLEGE AND CAREER SUCCESS FOR ALL  
STUDENTS APPLICATION

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## 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 15 pages.***

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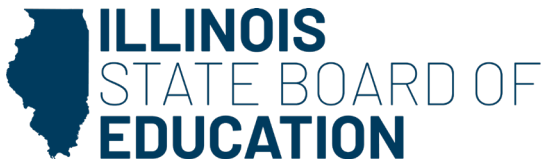
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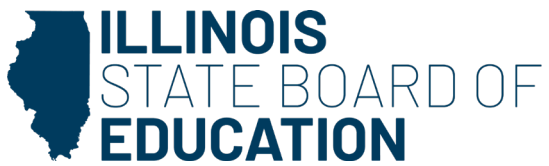
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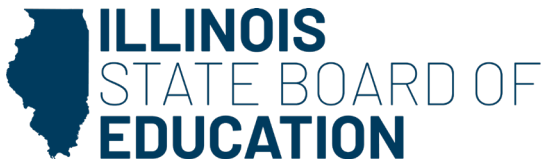
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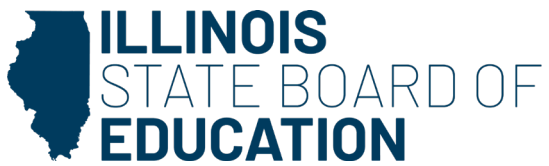
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## OBJECTIVES AND ACTIVITIES

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

**OBJECTIVE:** Identify all objectives and planned activities aligned to meet the objectives. Include a timeline, persons responsible, and evaluation measures.

ACTIVITY	TIMELINE		PERSONS RESPONSIBLE	EVALUATION MEASURES
	START	COMPLETION		



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COLLEGE AND CAREER SUCCESS FOR ALL  
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## PROPOSAL EVALUATION DESIGN

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

**INSTRUCTIONS:** Each proposal must include the cost-effectiveness and sustainability components of the proposal providing details of how the tangible benefits of costs measure the total effectiveness of the program and outline steps that will be employed to evaluate the program.  
**Responses must be limited to not more than five pages.**



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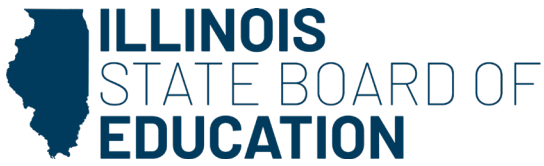
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☐ Initial Budget

☐ Revised Initial Budget

☐ Amendment No. \_\_\_\_\_

☐ Multi-district Application

ILLINOIS STATE BOARD OF EDUCATION

Curriculum and Instruction Department  
100 North First Street, N-242  
Springfield, IL 62777-0001

FY 2025

ADVANCED PLACEMENT CLASSES –  
COLLEGE AND CAREER SUCCESS FOR ALL STUDENTS  
APPLICATION

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:  
☐ COMPLETED Notice of State Award (NOSA)  
☐ COMPLETED Uniform Grant Agreement (UGA)

PROGRAM APPROVAL DATE AND INITIALS

TOTAL FUNDS

CARRYOVER FUNDS

CURRENT FUNDS

BEGIN DATE

END DATE

FISCAL YEAR 25	SOURCE OF FUNDS CODE	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										

\* Contact the GATA Department for indirect cost restrictions.

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									



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									

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									

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									

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									