

Wellness and Student Care Department
100 North First Street, W-270
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	586-84-2069
6.	CSFA Title	State Programs - After School Programs - Non-School Districts
Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	25-3999-AP
12.	Funding Opportunity Title	State Programs - After School Programs - Non-School Districts
13.	Funding Opportunity Program Field	Education
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
14.	Competition Identification Number	
15.	Competition Identification Title	

Application **cannot** be submitted without a Region-County-District-Type (RCDT) Code.

**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)	
Applicant's Organizational Unit		
22.	Department Name	
23.	Division Name	
Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application		
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	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
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>

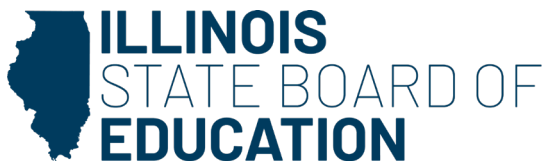
Applicant Certification:

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 *Application must be signed by the Authorized Representative to be deemed eligible. Applications submitted without an RCDT code issued by ISBE will be deemed ineligible and will NOT be read.*

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	



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

FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

PROGRAM SITES/SCHOOLS TO BE SERVED

Complete the requested information in the boxes below. **Failure to identify the school site to be served, school address, and low-income rate from ISBE's Child Nutrition Data Analytics and Mapping Tools will result in the application not being scored for funding.**

PROGRAM SITE/SCHOOL NAME	NUMBER PROPOSED STUDENTS SERVED
--------------------------	---------------------------------

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

SCHOOL LEVEL FREE AND REDUCED PRICE MEAL ELIGIBILITY DATA FROM ISBE's [Child Nutrition Data Analytics and Mapping Tools](#) PAGE. FY 2024 information should be used.

IS THIS SCHOOL CONSIDERED A COMPREHENSIVE, TARGETED, OR INTENSIVE SCHOOL? ☐ YES ☐ NO

Summative designation is found in the 2022 - 2023 [Illinois School Report Card](#).

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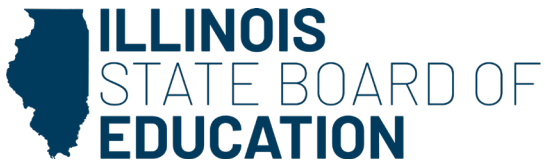


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FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

PROGRAM NARRATIVE

Directions: Provide a summary of the Needs Assessment conducted for this program. Further directions are found starting on page 11 of the RFP. ***Responses must be limited to not more than five pages.***



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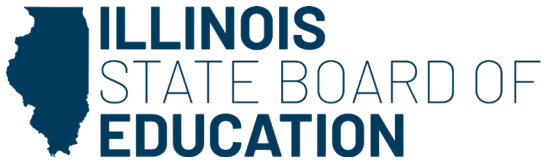


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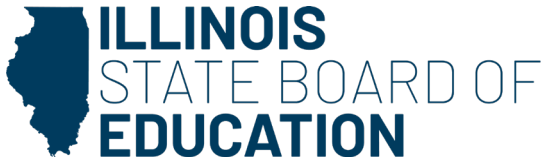
FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

GOALS, OBJECTIVES AND ACTIVITIES

APPLICANT NAME

REGION, COUNTY, DISTRICT, TYPE CODE

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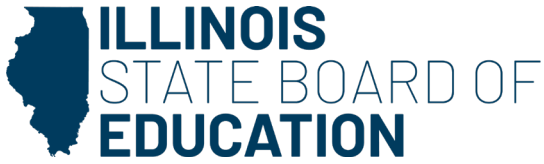
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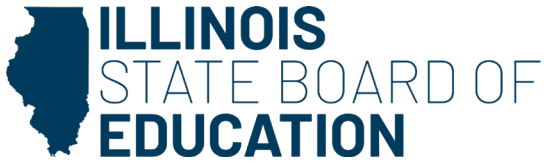
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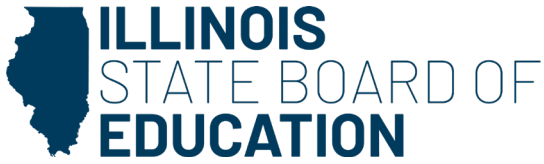
**FY 2025
AFTER SCHOOL PROGRAMS GRANT -
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FY 2025
**AFTER SCHOOL PROGRAMS GRANT -
 NON-SCHOOL DISTRICTS**

PROGRAM PLAN

Project Description: The After School Programs Grant to Non-School Districts has three identified Program Objectives. Please complete the chart below for each of these objectives. Each objective should be addressed on a separate page. Activities should be entered for all objectives.

Directions: Complete the chart below. **Limit to space provided.**

Objective	Project Activities/ Resources (Include description, features, and relationship.)	Timeline	Number of Students to be Served	Budget	Staff Member Responsible	Anticipated Audience and Expected Growth	Evaluation Method
Improve academic outcomes for students.							

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

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

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

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

FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

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Provide opportunities for enrichment activities in a safe and healthy environment.							

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FY 2025
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NON-SCHOOL DISTRICTS

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Provide opportunities to strengthen public, private, and philanthropic partnerships so that quality support services are more durable for students facing the greatest challenges.							

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FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

PROGRAM EVALUATION DESIGN

APPLICANT NAME

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address the questions found in the Program Evaluation Design portion of the Content and Form of Application Submission section, found on page 12 of the RFP. ***Responses must be limited to not more than five pages.***



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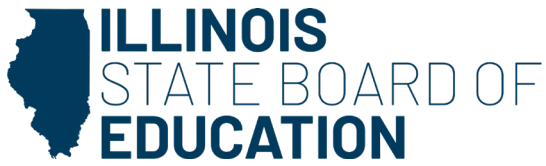
FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

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FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

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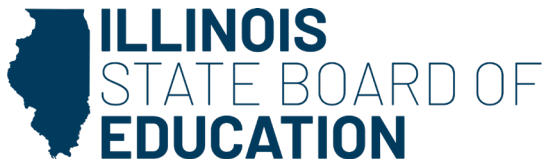
FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

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FY 2025
AFTER SCHOOL PROGRAMS GRANT -
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ILLINOIS STATE BOARD OF EDUCATION
Wellness Department
100 North First Street, W-270
Springfield, Illinois 62777-0001

**FY 2025
AFTER SCHOOL PROGRAMS
GRANT – NON-SCHOOL DISTRICTS**

STATE BUDGET SUMMARY AND PAYMENT SCHEDULE

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

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

FISCAL YEAR 25	SOURCE OF FUNDS CODE 3999-AP	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
DISTRICT NAME AND NUMBER			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
EMAIL ADDRESS		FAX NUMBER (Include Area Code)	

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

Directions: Prior to preparing this Budget Summary and Payment Schedule request, please refer to the "State and Federal Grant Administration Policy, Fiscal Requirements and Procedures" handbook that can be accessed at https://www.isbe.net/Documents/fiscal_procedure_handbk.pdf. Obligations of funds based on this budget request cannot begin prior to July 1, or receipt of a substantially approvable budget request, whichever is later.

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3) (Obj. 100s)	EMPLOYEE BENEFITS (4) (Obj. 200s)	PURCHASED SERVICES (5) (Obj. 300s)	SUPPLIES AND MATERIALS (6) (Obj. 400s)	CAPITAL OUTLAY (7) (Obj. 500s)	OTHER OBJECTS (8) (Obj. 600s)	NON-CAPITAL- IZED EQUIPMENT (9) (Obj. 700s)	TOTAL (11)	PAYMENT SCHEDULE
1	1000	Instruction									July-August
2	2110	Attendance & Social Work Services									September
3	2120	Guidance Services									
4	2130	Health Services									October
7	2210	Improvement of Instruction Services									November
8	2220	Educational Media Services									
9	2230	Assessment & Testing									December
10	2300	General Administration									January
13	2520	Fiscal Services									
16	2550	Pupil Transportation Services									February
20	2620	Planning, Research, Development & Evaluation Services									March
21	2630	Information Services									
24	2900	Other Support Services									April
25	3000	Community Services									May
26	3700	Nonpublic School Pupil Services									
27	4000	Payments to Other Districts or Government Units									June
29	Total Direct Costs										July-August
30	Approved Indirect Costs x _____% *										
31	TOTAL BUDGET										TOTAL \$ _____

* Contact the GATA Department for indirect cost restrictions.

* Contact the GATA Department for indirect cost restrictions.

Date

Original Signature of Superintendent or Administrator

Date

Original Signature of ISBE Division Administrator,
Nutrition and Wellness

FY 2025
AFTER SCHOOL PROGRAMS GRANT – NON-SCHOOL DISTRICTS BUDGET
SUMMARY BREAKDOWN

Directions: Prior to preparing this Budget Summary Breakdown request, please refer to the “State and Federal Grant Administration Policy, Fiscal Requirements and Procedures” handbook that can be accessed at https://www.isbe.net/Documents/fiscal_procedure_handbk.pdf. Obligations of funds based on this budget request cannot begin prior to the start date as stated in the grant application, 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 2025
AFTER SCHOOL PROGRAMS GRANT – NON-SCHOOL DISTRICTS BUDGET
SUMMARY BREAKDOWN

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		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									

FY 2025
AFTER SCHOOL PROGRAMS GRANT – NON-SCHOOL DISTRICTS BUDGET
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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 the start date as stated in the grant application, 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									

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

FY 2025
AFTER SCHOOL PROGRAMS GRANT -
NON-SCHOOL DISTRICTS

PROGRAM-SPECIFIC TERMS OF THE GRANT

Please review each of the following assurances and check the box, as applicable, to certify that the applicant has read, understood, and will comply with the assurance listed.

- ☐ 1. Subcontracting: No subcontracting is allowed under this grant.

OR

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:

- Name(s) and address(es) of subcontractor(s)/sub-grantee(s);
- Need and purpose for each subcontract/sub-grant;
- Measurable and time specific services to be provided;
- Associated costs (i.e., amounts to be paid under each subcontract/sub-grant); and
- 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. Reporting:

- Programmatic reporting must be completed at the minimum of annually via the IWAS system. ISBE may impose additional reporting requirements, as determined by a grantee's risk assessment. Information about how to complete a report can be found on the [ISBE Grant Periodic Reporting](#) webpage.
- Expenditure reports must be completed at a minimum of quarterly within 20 days following the end of the quarter via the IWAS system.
- A Microsoft form showing quarterly measurements must be submitted within 30 days of the end of each quarter. Additional information will be provided to grantees prior to the start of the first quarter, including the form to be utilized.
- Grantees will submit a comprehensive final year-end report that demonstrates the project deliverables, the number of participants and activities, and the impact of the program within 60 days after the grant end date.

- ☐ 3. **Only for applicants that propose to serve one or more schools with a population of students that is less than 90%.** The applicant certifies that the population of students it will serve from the school (or schools) will be at least 90% low-income. The applicant will take steps to verify student eligibility in full compliance with state and federal student privacy laws. The applicant will not request the names of students who are eligible for free or reduced-priced meals from a school or district.

Name of Applicant

Original Signature of Applicant

Date