



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	586-18-3213
6.	CSFA Title	Federal Programs – Stronger Connections
Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	84.424
8.	CFDA Title	Student Support and Academic Enrichment Program
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	25-4998-4S
12.	Funding Opportunity Title	Stronger Connections
13.	Funding Opportunity Program Field	Education
Competition Identification <input 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 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 *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.	Email 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.	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	

Logic Model for the Stronger Connections Grant Proposal

This logic model reference guide provides you with the essential information and guidance needed to create a logic model to support a grant application. A logic model is a planning tool that clarifies and displays what a project intends to do, hopes to accomplish, and potential impact. The model displays the logical relationship between resources, planned activities and desired outcomes over time. While it is a graphic display of information it is not an implementation plan. The model also functions as an if-then display connecting planned activities to intended results. Cluster or combine similar elements together under strategies, outputs and outcomes using concise language. These can include goals from the RFP and your needs. When considering the planned activities make sure to consider the potential impact along with intended result.

Stronger Connections Grant Logic Model Discussion Questions - The following steps can be used in the planning phase prior to constructing the logic model. Begin with your project goal, then apply backwards thinking from these outcomes to ensure alignment. You are **not required** to submit responses to the following questions.

Step 1: Deliverables/Objectives

- What specific problems will your program address? Are you considering changes at the individual, organizational, community or policy level? Do you want to change knowledge, attitudes or behavior? How do you know this is an issue or needs addressed? What is the magnitude of these changes? Does this reflect or conflict with other endeavors in your school or community? What do you want to see changed in the long term and how does that directly support the deliverables or objectives in the Stronger Connections RFP?

Step 2: Resources

- Who is responsible for implementing your program? Who else is critical for success? Who in your school and/or community will be your biggest fan? Are there other state level grant programs, community organizations, universities, private organizations or other entities that can support this? What resources are already in place that can be used, and which ones are needed?

Step 3: Activities

- What are the program activities? How will these activities address those factors that contribute to the problem? Which activities are critical to program success? Which ones are long term and short term? What measures will be used to collect information? How will you ensure that activities are being implemented with fidelity?

Step 4: Strategies

- Who will make it happen? Are they on board? If not, how can you get them there?

Step 5: Outputs

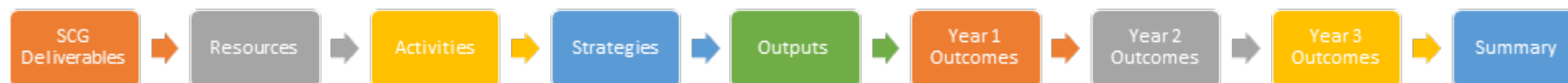
- What are the direct results of the program activities? These may include types, levels, and targets of the services to be delivered by the program? What are the indicators that determined how effective the activities were in implementing your program? Who will you reach?

Step 6: Outcomes

- What difference is there from the beginning to the end (between short term, mid-term and long-term)? How and when were the outcomes measured? Did the activities happen as planned? Did the measures assess what they intended to?

Comments/Questions

Stronger Connections Grant Logic Model

[illegible]

Check for:

- ☐ Is your logic model aligned to the big ideas of the project?
- ☐ Are all essential elements included?
- ☐ Is the level of detail specific enough to describe the relationship between the components?
- ☐ Do the outcomes reflect meaningful and attainable change?
- ☐ Is there a sound and logical progression from strategies through the summary?
- ☐ What are some external factors that may affect program implementation and success? These can be environmental, political, social, economic, etc.

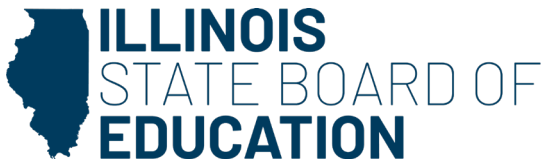


Wellness Department
100 North First Street, W-270
Springfield, Illinois 62777-0001

FY 2025
STRONGER CONNECTIONS
GRANT

PROGRAM NARRATIVE

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



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Springfield, Illinois 62777-0001

ATTACHMENT 4

Page ____ of ____

FY 2025
STRONGER CONNECTIONS
GRANT

OBJECTIVES AND ACTIVITIES

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Address Question(s) ____ - ____ in the Objectives and Activities portion of the Content and Form of Application Submission Section. ***Responses must be limited to not more than FIVE pages.***



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100 North First Street, W-270
Springfield, Illinois 62777-0001

ATTACHMENT 4

Page ____ of ____

FY 2025
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FY 2025
STRONGER CONNECTIONS
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Springfield, Illinois 62777-0001

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Springfield, Illinois 62777-0001

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Wellness Department
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Springfield, Illinois 62777-0001

ATTACHMENT 5

Page ____ of ____

FY 2025
STRONGER CONNECTIONS
GRANT

PROPOSAL EVALUATION DESIGN

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

Directions: Address Question ____ in the Evaluation Design portion of the Content and Form of Submission Section. ***Responses must be limited to not more than FIVE pages.***



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

ATTACHMENT 5

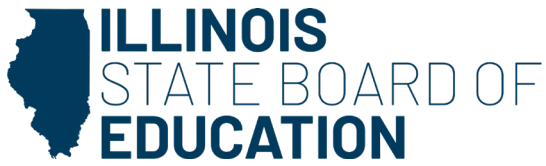
Page ____ of ____

FY 2025
STRONGER CONNECTIONS
GRANT

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

ATTACHMENT 5

Page ____ of ____

FY 2025
STRONGER CONNECTIONS
GRANT

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

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FY 2025
STRONGER CONNECTIONS
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Springfield, Illinois 62777-0001

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Page ____ of ____

FY 2025
STRONGER CONNECTIONS
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Stronger Connections Grant - Sustainability Component

On page 10 of the Stronger Connections Grant RFP, the Sustainability requirement for the program is explained.

Using available data and in collaboration with students, families, educators, staff, and community organizations establish a plan to continue an amended scope of the project and to achieve desired outcomes for the targeted audience/outcomes. The applicant describes a plan for how the proposed program will be continued once grant funding has ended, and how sustainability data will be collected, evaluated, and used to determine next steps. Short and long-term goals are identified along with possible funding sources, partners, and the necessary resources for continuation. A description of program activities that build capacity from the start to the end of the grant is also included.

Please respond to each of the questions below to fulfill the requirement.

The applicant describes a plan for how the proposed program will be continued once grant funding has ended, and how sustainability data will be collected, evaluated, and used to determine next steps.

- How will the proposed program possibly be continued once grant funding has ended?
- How will sustainability data be collected and evaluated?
- How will the evaluated data be used to determine next steps after grant funding has ended?

Identify short and long-term goals, possible funding sources, partners, and the necessary resources for continuation. Also describe which activities build capacity from the start of the grant to the end.

- Identify short term goals that support sustainability.
- Identify long term goals that support sustainability.
- What are possible funding sources, partners and resources for continuation of short- term and long-term goals?
- Which of the planned activities build capacity from the beginning to the end of the grant?

☐ Initial Budget

☐ Amendment No. _____

☐ Revised Initial Budget

☐ Multi-district Application

ILLINOIS STATE BOARD OF EDUCATION

Wellness Department

100 North First Street, E-222

Springfield, Illinois 62777-0001

FY 2025

STRONGER CONNECTIONS

FEDERAL BUDGET SUMMARY

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 4998-4S	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
APPLICANT NAME (District Name and Number, if applicable)			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
EMAIL 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)
1	1000	Instruction								
2	2110	Attendance & Social Work Services								
3	2120	Guidance Services								
4	2130	Health Services								
5	2140	Psychological Services								
6	2150	Speech Pathology & Audiology Services								
7	2210	Improvement of Instruction Services								
8	2220	Educational Media Services								
9	2230	Assessment & Testing								
10	2300	General Administration								
11	2400	School Administration								
12	2510	Direction of Business Support Services*								
13	2520	Fiscal Services*								
14	2530	Facilities Acquisition and Construction**								
15	2540	Operation & Maintenance of Plant Services								
16	2550	Pupil Transportation Services								
17	2560	Food Services								
18	2570	Internal Services*								
19	2610	Direction of Central Support Services								
20	2620	Planning, Research, Development & Evaluation Services								
21	2630	Information Services								
22	2640	Staff Services*								
23	2660	Data Processing Services*								
24	2900	Other Support Services								
25	3000	Community Services								
26	3700	Nonpublic School Pupil Services								
27	4000	Payments to Other Districts or Government Units								
28	5000	Debt Services								
29	Total Direct Costs									
30	Approved Indirect Costs 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									

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		(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									

Equitable Participation of Private Schools

An eligible LEA applying for a Stronger Connections grant must consult with appropriate private school officials before the entity makes any decision that affects the opportunities of eligible private school children and educators to participate (ESEA section 8501(c)(3)). Such consultation will allow the LEA to consider the needs of all students and educators—both public and private—in developing its application, and to include the projected costs for equitable services in the application. See the [U.S. Department of Education Non-Regulatory Guidance](#).

Instructions: This form must be completed by nonpublic school officials. The completed form(s) must be uploaded with the district's FY25 Stronger Connections Grant application. **Please review Option 1 and Option 2 below:**

PUBLIC DISTRICT NAME AND NUMBER	PUBLIC REGION, COUNTY, DISTRICT, TYPE CODE
NONPUBLIC SCHOOL NAME	NONPUBLIC REGION, COUNTY, DISTRICT, TYPE CODE
NONPUBLIC SCHOOL ADDRESS (Street, City, State, ZIP Code)	NONPUBLIC TOTAL ENROLLMENT

Option 1: *(no eligible nonpublic schools)* I hereby certify that there are no eligible nonpublic schools within the district boundaries and therefore the district is not subject to provide equitable services.

LEA Contact Signature _____ Date _____

Option 2: There are eligible nonpublic schools within the district boundaries and therefore the district is subject to provide equitable services, please continue below.

In consideration of the eligibility criteria as indicated in the RFP, does this nonpublic entity have a demonstrated need? Does the nonpublic school serve at least 40 percent of the student population that qualifies for free and reduced-price lunch? ☐ Yes ☐ No

If yes, does the school qualify under at least one criterion below: Please check.

- ☐ The school has a high student-to-mental health professional ratio, an average of greater than one professional per 250 students, including school counselor, school social worker, and school psychologist.
- ☐ The school has high rates of chronic absenteeism, exclusionary discipline, referrals to the juvenile justice system, bullying/harassment, community and school violence, or substance abuse;
- ☐ Students have recently experienced a natural disaster or traumatic event.

The following topics must be discussed during the *ongoing* consultation process:

- How the LEA will identify needs and provide equitable services to students, teachers, and families
- What services will the LEA offer, and how and when will the LEA make decisions about the delivery of services, including size and scope of services
- How, where and by whom the LEA will provide services and or the delivery mechanism,
- How the proportion of funds for equitable services for equitable services is determined

Section 8501(a)(4) of the ESEA requires an LEA to ensure that its expenditures for equitable services for eligible private school students and educators under covered ESEA programs are *equal on a per-pupil basis* to the expenditures for participating public school students and educators, taking into account the number and needs of the eligible private school students and educators. Important: Did you indicate the number of nonpublic students to be served under the Stronger Connections Grant program on page 1?

We ☐ **agree** ☐ **do not agree** that initial timely and meaning consultation occurred before the district made any decisions that affected the equitable participation of eligible private school children in the Stronger Connections Grant program.

We understand that our entity ☐ **is** ☐ **is not** eligible for the Stronger Connections Grant program based on the eligibility requirements in the RFP.

We ☐ **wish** ☐ **do not wish** to participate in the Stronger Connections Grant program.

Nonpublic School Official Signature _____ Date _____