



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	586-84-3442
6.	CSFA Title	Breakfast After the Bell Grant Program
Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	n/a
8.	CFDA Title	n/a
9.	CFDA Number	n/a
10.	CFDA Title	n/a
Funding Opportunity Information		
11.	Funding Opportunity Number	25-3999-BB
12.	Funding Opportunity Title	FY25 IL Breakfast After the Bell Grant
13.	Funding Opportunity Program Field	School Nutrition
Competition Identification <input checked="" type="checkbox"/> Not Applicable		
14.	Competition Identification Number	n/a
15.	Competition Identification Title	n/a

**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: \$ _____ <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 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	

Applicant Eligibility and Project Summary

The applicant is the eligible entity (school district, charter school, or Regional Office of Education) that is applying for grant funding on behalf of one or more of its schools.

2.1 Applicant

RCDT Number (00-000-0000-00)

Entity Name (school district, charter school, or Regional Office of Education)

a) Applicant is a: School District Charter School Regional Office of Education

b) Which of these federal School Nutrition Programs does the applicant currently operate?

National School Lunch Program School Breakfast Program

2.2 Project Summary

In the space below, provide a brief description that summarizes the overall project.

2.3 Schools

List the school sites applying for the Breakfast After the Bell Grant Program and the amount of funding requested by each, not to exceed \$7,000 per school, for non-recurring expenses to implement Breakfast After the Bell.

WINS Site Number	School Name	Amount Requested

Complete a School Application (Attachment 3) for each listed site.

School Application for Breakfast After the Bell Grant

A separate School Application (Attachment 3) is required for EACH school that is listed on Attachment 2.

3.1 School Information

School Name

Grade Levels

3.2 Current School Breakfast Program Operations and Service

In this section, provide information about CURRENT school breakfast operations and meal service at this school.

a) To what extent does this school CURRENTLY operate a School Breakfast Program? Select all that apply:

- This school does not currently have a School Breakfast Program.
- Students have access to School Breakfast Program meals BEFORE the start of the school day.
- Students have access to School Breakfast Program meals AFTER the instructional day has officially begun. In the list to the right, mark all Breakfast AFTER the Bell meal service models that are currently utilized at this school.
- Breakfast in the Classroom
- Grab-and-Go Breakfast
- Second-Chance Breakfast
- Other _____

b) Use the space below to share more information that will help us understand the CURRENT School Breakfast Program and service models at this school. For example, describe when, where, and how students have access to breakfast; resources and staffing levels; any specific challenges; barriers to breakfast participation; etc.

3.3 Stakeholder Engagement

A Breakfast After the Bell program requires collaboration and support within the school and district. Development of the Breakfast After the Bell program should include input from a variety of stakeholders to ensure its success.

- a) Who was involved in developing the Breakfast After the Bell program for this school? Select all that apply.
- Superintendent
 Business Manager
 Teachers
 Janitorial/Custodial Staff
 Principal
 School Food Service Personnel
 School Nurse
 Other _____
- b) In the space below, describe the level of involvement and input of stakeholders in developing the Breakfast After the Bell program for this school.

3.4 Commitment and Sustainability

Whether the school is required by state law to operate a Breakfast After the Bell program or not, students will benefit from continuity of the Breakfast After the Bell program after it is implemented.

- a) Is there commitment, at both the district and school level, and are resources identified to support continued operation of Breakfast After the Bell implemented at this school for a period of not less than three school years?
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
- b) Funds awarded through this grant program may only be used for non-recurring, initial costs of implementing Breakfast After the Bell. Beyond receipt of a grant award to assist with program start-up costs, applicants must have a plan and identify resources to ensure continuity and sustainability of the school's new or expanded Breakfast After the Bell program. Use the space below to describe any public or private resources, aside from this grant, that will support implementation, recurring costs, and continued operation of the Breakfast After the Bell program at this school.

3.5 Implementation and Logistics

The objective of this grant program is for schools to implement NEW and/or EXPANDED Breakfast After the Bell service models to make school breakfast more accessible to students and increase student participation in the School Breakfast Program. In this section, describe how you will implement Breakfast After the Bell at this school.

<p>a) Which Breakfast After the Bell service models are you adding or expanding at this school?</p>	<p>Adding</p>	<p>Expanding</p>
Breakfast in the Classroom	<input type="checkbox"/>	<input type="checkbox"/>
Grab-and-Go Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Second-Chance Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

b) In the space below, explain why this service model or combination of models was chosen. Contributing factors may include grade levels, scheduling, staffing, building layout, availability of equipment and resources, etc. Be sure to describe how the addition or expansion of this service model will make breakfast more accessible and reach more students. *(For example, a school that already offers Grab-and-Go Breakfast at one serving location within the school will use grant funds to purchase breakfast carts, allowing the school to create two additional Grab-and-Go Breakfast serving locations in other high traffic areas of the building.)*

- c) Describe the plan for meal distribution. Provide details such as:
- | | |
|---|--|
| <ul style="list-style-type: none"> • When and where are meals distributed? • Do students pick up meals or are meals delivered to designated locations? Who delivers the meals? • Are there any specific food safety concerns with the distribution method? | <ul style="list-style-type: none"> • How many serving locations are there (number of serving lines, carts/kiosks, classrooms, etc.)? • How are accurate meal counts taken at the point of service? • When and where are meals eaten? • How will trash disposal and cleanup be handled? |
|---|--|

School Name:

- d) Describe the roles and responsibilities of key administrators, staff, and volunteers.
(Preparation and distribution of breakfast, meal counting, cleanup, etc.)

-
- e) Describe any training or instruction that will be provided to staff and students on the procedures for Breakfast After the Bell.

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- f) Describe how availability of Breakfast After the Bell will be marketed and promoted to students and households.

School Name:

- g) What is the overall implementation timeframe for Breakfast After the Bell at this school? Describe the timeline for key activities, such as ordering of equipment/supplies, training, marketing, roll out, etc.

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- h) Is there a plan to collect feedback, track outcomes, and/or evaluate Breakfast After the Bell service following implementation, and to make adjustments to the program if necessary? Yes No

Provide any details in the space below.

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

ILLINOIS STATE BOARD OF EDUCATION

Nutrition Department
 100 North First Street
 Springfield, Illinois 62777-0001

FY 2025

Illinois Breakfast After the Bell Grant

Source of Funds: State

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 25	SOURCE OF FUNDS CODE 3999-BB	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.

_____ Date

_____ Original Signature of Superintendent or Administrator

_____ Date

_____ Original Signature of ISBE Department Administrator

APPLICANT NAME (District Name and Number, if applicable)
REGION, COUNTY, DISTRICT, TYPE CODE

FY 2025 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 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									