



100 North First Street
Springfield, Illinois 62777-0001

ATTACHMENT 1

Uniform Application for State Grant Assistance

Agency Completed Section		
1.	Type of Submission	☐ Preapplication ☒ Application ☐ Changed/Corrected Application
2.	Type of Application	☒ New ☐ Continuation (i.e. multiple year grant) ☐ 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	586-18-4058
6.	CSFA Title	State Programs: Education of Homeless Children and Youth
Catalog of Federal Domestic Assistance (CFDA) ☒ Not applicable (No federal funding)		
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	27-3999-MV
12.	Funding Opportunity Title	Education of Homeless Children and Youth
13.	Funding Opportunity Program Field	Education
Competition Identification ☒ 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)	
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>	☐ Amount Requested from the State: \$ _____ ☐ Applicant Contribution (e.g., in kind, matching): \$ _____ ☐ Local Contribution: \$ _____ ☐ Other Source of Contribution: \$ _____ ☐ Program Income: \$ _____ ☐ 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	



ATTACHMENT 1A

**FY 2027
EDUCATION OF HOMELESS CHILDREN
AND YOUTH (EHCY)
Participating Districts and Allocations**

[illegible]



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

ATTACHMENT 2

Page ____ of ____

**FY 2027
EDUCATION OF
HOMELESS CHILDREN
AND YOUTH**

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. See "Program Narrative Requirements" in the NOFO. ***Responses must be limited to not more than 10 pages.***



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Springfield, Illinois 62777-0001

ATTACHMENT 2

Page ____ of ____

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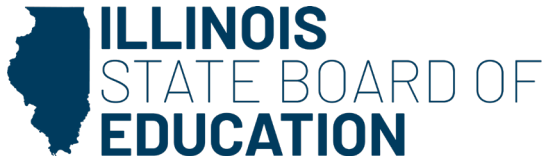


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Wellness and Student Care Department
100 North First Street
Springfield, Illinois 62777-0001

FY 2027 EDUCATION OF HOMELESS CHILDREN AND YOUTH (EHCY)

ATTACHMENT 3

Page ____ of ____

NEED, ACTIVITY, OUTCOME, AND MEASURABLE OBJECTIVE

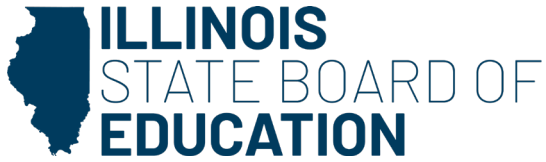
APPLICANT NAME (*District Name and Number, if applicable*)

APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE

Instructions: List the needs (broad-based purposes) identified in your needs assessment. For each need, provide activities (procedures which enable the participants to achieve the outcomes), outcomes (benefits participants can achieve), and measurable objectives (how will you determine if the outcome has been achieved; include any tools or strategies). Use a separate page for each identified need.

NEED: _____

ACTIVITIES	OUTCOMES	MEASURABLE OBJECTIVES



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

FY 2027 EDUCATION OF HOMELESS CHILDREN AND YOUTH (EHCY)

ATTACHMENT 3

Page ____ of ____

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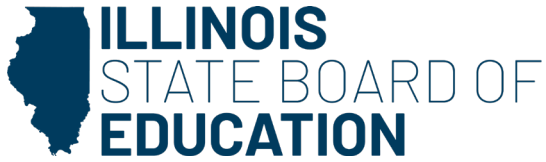
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Wellness and Student Care Department
100 North First Street
Springfield, Illinois 62777-0001

FY 2027 EDUCATION OF HOMELESS CHILDREN AND YOUTH (EHCY)

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Page ____ of ____

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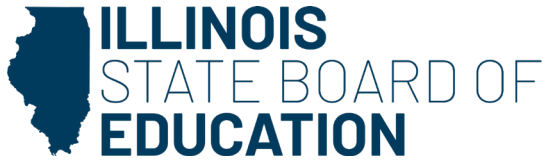
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FY 2027 EDUCATION OF HOMELESS CHILDREN AND YOUTH (EHCY)

ATTACHMENT 3

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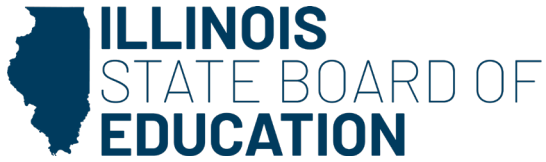
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Springfield, Illinois 62777-0001

FY 2027 EDUCATION OF HOMELESS CHILDREN AND YOUTH (EHCY)

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NEED: _____

ACTIVITIES	OUTCOMES	MEASURABLE OBJECTIVES

☐ Initial Budget

☐ Revised Initial Budget

☐ Amendment No. _____

☐ Multi-district Application

ILLINOIS STATE BOARD OF EDUCATION
Wellness and Student Care Department
100 North First Street, E-222
Springfield, Illinois 62777-0001

FY 2027
Education of Homeless Children and Youth (EHCY)

STATE 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 27	SOURCE OF FUNDS CODE 3999-MV	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)	
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)
1	1000	Instruction								0
2	2110	Attendance & Social Work Services								0
3	2120	Guidance Services								0
4	2130	Health Services								0
5	2140	Psychological Services								0
6	2150	Speech Pathology & Audiology Services								0
7	2210	Improvement of Instruction Services								0
8	2220	Educational Media Services								0
9	2230	Assessment & Testing								0
10	2300	General Administration								0
11	2400	School Administration								
12	2510	Direction of Business Support Services								
13	2520	Fiscal Services								0
14	2530	Facilities Acquisition and Construction								
15	2540	Operation & Maintenance of Plant Services								0
16	2550	Pupil Transportation Services								0
17	2560	Food Services								0
18	2570	Internal Services								0
19	2610	Direction of Central Support Services								
20	2620	Planning, Research, Development & Evaluation Services								0
21	2630	Information Services								0
22	2640	Staff Services								0
23	2660	Data Processing Services								0
24	2900	Other Support Services								0
25	3000	Community Services								0
26	3700	Nonpublic School Pupil Services								
27	4000	Payments to Other Districts or Government Units								0
28	5000	Debt Services								
29	Total Direct Costs		0	0	0	0	0	0	0	0
30	INDIRECT COSTS (Direct Cost X _____ %) *									
31	TOTAL BUDGET									0

* Contact the GATA Department for indirect cost restrictions.

Page ____ of ____

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									

Page _____ of _____

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TOTAL									

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TOTAL									

Page _____ of _____

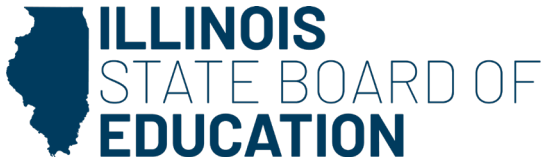
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TOTAL									

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TOTAL									



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

ATTACHMENT 5

**FY 2027
EDUCATION OF HOMELESS CHILDREN
AND YOUTH (EHCY)
Collaboration Documentation**

APPLICANT NAME <i>(District Name and Number, if applicable)</i>	APPLICANT'S REGION, COUNTY, DISTRICT, TYPE CODE
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The Education of Homeless Children and Youth program is designed to promote collaboration between and within local education agencies (LEAs), local social services agencies and other agencies or programs providing services to such children or youth and their families. LEAs are encouraged to collaborate with at least one community-based organization, public agency, other nonprofit organization or other agency that provides services for homeless children and youth. For this application, collaboration means that the community agencies participate with the LEA in the preparation of the Homeless Education Program application and that the LEA and the collaborating agency(ies) participate in the implementation of the plan contained therein. Such collaboration is essential for identifying homeless children and youth in the communities to be served by the project.

I, _____, *(Name of Chief Executive Officer)* certify that I and/or representatives of

_____ *(Name of Agency or Organization)* have participated in the development of this

application. I furthermore attest that _____ *(Name of Agency or Organization)* agrees to

participate in activities of the proposed project as described in the application.

Name (Please print or type)

Title

Digital or Original Signature of Chief Executive Officer

Date

MEMORANDUM OF UNDERSTANDING

Education of Homeless Children and Youth State Grant

Joint Grant Application

The purpose of this Memorandum of Understanding ("MOU") is to establish a collaborative partnership between the Parties for the preparation, submission, and, if awarded, implementation of the **Education of Homeless Children and Youth State Grant** application. The Parties agree to work cooperatively to improve educational outcomes and expand opportunities for students through the proposed grant activities.

Effective Date: _____

This Memorandum of Understanding ("MOU") is entered into by and between:

LEAD APPLICANT	RCDT Code	ADDRESS
DISTRICT JOINT APPLICANT	RCDT Code	ADDRESS

collectively referred to as the "Parties."

The Parties agree to:

- Collaborate in planning, development, and submission of the grant application.
- Share relevant data and information necessary for grant development and reporting.
- Participate in project governance, implementation, and evaluation activities.
- Maintain open communication throughout the grant period. Comply with all applicable federal, state, and local regulations governing grant activities.

Lead Applicant Responsibilities:

- Submit the grant application on behalf of both Parties.
- Act as the administrative and fiscal agent for grant funds.
- Maintain financial and programmatic records.
- Submit required reports to the funding agency.
- Coordinate grant administration and monitoring activities.

Shared Responsibilities:

- Participate in project meetings and planning sessions.
- Ensure staff engagement and project implementation.
- Support data collection and evaluation efforts.
- Contribute to sustainability planning.

Financial Management - If grant funds are awarded:

- Funds will be administered by the Lead Applicant in accordance with applicable regulations and grant requirements.
- Budget allocations for each district shall be determined and documented in the approved grant budget.
- Each Party shall maintain records supporting expenditures made under the grant.

Data Sharing and Confidentiality - The Parties agree to:

- Share data necessary for grant implementation and evaluation.
- Comply with all applicable student privacy laws, including FERPA and state privacy regulations.
- Maintain confidentiality of protected information obtained through this partnership.

Term and Termination:

- This MOU shall become effective upon the date of final signature and remain in effect through the conclusion of the grant period.

By signing below, the Parties acknowledge their agreement to the terms and conditions of this Memorandum of Understanding.

LEAD APPLICANT

District Name: _____

Superintendent Name: _____

Signature: _____

Date: _____

DISTRICT JOINT APPLICANT

District Name: _____

Superintendent Name: _____

Signature: _____

Date: _____