



**ROES/ISC DEPARTMENT**

**BACKGROUND:** A school district that wishes to operate an ALOP in the upcoming school year must annually submit an application on a form supplied by the State Board of Education (See sections 240.70 and 240.80 of the 23 Ill. Admin. Code). School districts may establish ALOPs or may contract with other appropriate agencies to establish ALOPs within the public schools system and provide a range of learning opportunities for students who are at risk of academic failure and who demonstrate a need for educational support or social services beyond those provided by the regular school program.

**DUE DATE:** June 30, 2025

**INSTRUCTIONS:** Complete this form and submit via e-mail to [ALOP@isbe.net](mailto:ALOP@isbe.net). Applications for a new ALOP will be reviewed prior to an RCDTS code being issued.

Name of ALOP	Type of Application <input type="checkbox"/> New ALOP <input type="checkbox"/> Continuation
ALOP Physical Address (Street, City, State, ZIP Code)	Grade Levels Served <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
ALOP Administrator (Name and Email)	ALOP Site Location Phone Number
Designated Contact for Application (Name and Email)	ALOP RCDT Code (Leave blank for New ALOPs)

New ALOP Required Pages to Complete	Continuation Required Pages to Complete
<ol style="list-style-type: none"> <li>1. Narrative Requirements (2-7)</li> <li>2. Funding Information (10)</li> <li>3. Budget (11)</li> </ol>	<ol style="list-style-type: none"> <li>1. Narrative Requirements <b>if</b> changes are being made to the ALOP from the previously approved application (2-7)</li> <li>2. Progress Report (8)</li> <li>3. Expenditure Report (9)</li> <li>4. Funding Information (10)</li> <li>5. Budget (11)</li> </ol>

**Administration** – Please check one of the boxes below:

- This ALOP will be individually operated by one school district.
- This ALOP will be cooperatively operated by two or more school districts.
- This ALOP will be cooperatively operated by one or more school districts **and** one or more Regional Offices of Education or Intermediate Service Centers.
- This ALOP will be cooperatively operated by one or more school districts **and** another eligible entity.

**Subcontractor** – Will a subcontractor be used for any part of the delivery of instructional services?

- No, a subcontractor will not be used. Proceed to next page.
- Yes, a subcontractor will be used and is allowable under [23 Ill Admin Code 240.30\(a\)\(4\)](#).

Please provide the name(s) and responsibilities of the subcontractor(s):



3. Organizational chart. List the staff members employed including job titles.

4. Provide evidence that the program is derived from scientifically based research on successful instructional approaches for students who are at risk of academic failure.

5. Provide the specific curriculum to be used and a description of the ways in which it differs from the regular school program.

6. Describe the procedures used to review student progress.

7. Describe the procedures used for participation of students in State assessments.

8. Provide the proposed calendar for the program.

9. Describe the plan for ensuring the students enrolled in the ALOP shall continue to receive other services for which they qualify (e.g., bilingual, special education, free and reduced-price lunch).

10. Describe the plan for evaluating the effectiveness of the program.

11. Provide a description of how the school district's professional development plan will address instruction of at-risk students.

***Continued Next Page***

**(For continuation applications ONLY)**

1. Total number of students in program for 2024-2025 school year: \_\_\_\_\_

2. Quantitative and qualitative results of the evaluation of the 2024-2025 school year program, including the educational outcomes achieved by the students enrolled in the program. The response must compare the projected outcome for each indicator as identified in the prior year ALOP application to the actual outcomes attained.

3. Activities that will change in next year's program as a result of the evaluation of the 2024-2025 school year program. This response must identify each unmet objective and the rationale for its continued inclusion or its deletion from the program.



(For continuation applications ONLY)

**Directions:** Provide a detailed program budget reflecting the costs associated with staff, contractual services, supplies and materials, hardware, classroom and office space, utilities, and other relative expenditures. Identify the source of funds for each budget item.

BUDGET ITEMS	TOTAL COST	SOURCE OF FUNDING

ANTICIPATED PROGRAM COSTS AND FUNDS ALLOCATION PLAN

**Directions:** Provide a detailed program budget reflecting the costs associated with staff, contractual services, supplies and materials, hardware, classroom and office space, utilities, and other relative expenditures. Identify the source of funds for each budget item.

BUDGET ITEMS	TOTAL COST	SOURCE OF FUNDING

Initial Budget       Amendment No. \_\_\_\_\_  
 Revised Initial Budget       Upward    Downward    Level

FISCAL YEAR <b>26</b>	SOURCE OF FUNDS CODE	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
FISCAL/ADMINISTRATIVE AGENT (ROE/ISC)			
PROJECT CONTACT		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

**ILLINOIS STATE BOARD OF EDUCATION**  
 ROE-ISC DEPARTMENT  
 100 North First Street, E240  
 Springfield, Illinois 62777-0001

**ALTERNATIVE LEARNING  
 OPPORTUNITIES PROGRAM (ALOP)  
 FY 2026 – APPLICATION FOR PROGRAM**

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

<b>ISBE USE ONLY</b>	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 request, please refer to the “State and Federal Grant Administration Policy, Fiscal Requirements and Procedures” handbook that can be accessed at [http://www.isbe.net/funding/pdf/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/pdf/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	EXPENDITURE ACCOUNT	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
1	Instruction								
7	Improvement of Instruction Services								
10	General Administration								
13	Fiscal Services*								
20	Planning, Research, Development & Evaluation Services								
21	Information Services								
22	Staff Services*								
24	Other Support Services								
27	Payments to Other Districts or Government Units								
29	Total Direct Costs								
30	Approved Indirect Costs x _____%*								
31	<b>TOTAL BUDGET</b>								

\* Contact the GATA Department for indirect cost restrictions.

<b>ISBE USE ONLY</b>

\_\_\_\_\_ Date

\_\_\_\_\_ *Original Signature of Superintendent or Administrator*

\_\_\_\_\_ Date

\_\_\_\_\_ *Original Signature of Subcontractor P.O.C.*

\_\_\_\_\_ Date

\_\_\_\_\_ *Original Signature of ISBE Department Administrator*





