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eGMS - Grants Application

SESSION TIMEOUT 59:54

Applicant: **County:** Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly
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Project Number: 21-3999-MH-

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page Lock Control	Application Print

Program Overview

Program: Mental Health Services Notice of Funding Opportunity (NOFO)/Request for Proposals (RFP)

Purpose: The purpose of this program is to provide funding for mental health services to students at school districts with a less than 90% adequacy level, that also fall within locale codes 33, 41, 42, and 43 of the New Urban-Centric Locale Codes, as defined by the National Center for Education Statistics.

Program Type: State Competitive Grant

CSFA Number: 586-18-2206

CSFA Title: State Programs Mental Health Services Tier I and Tier II Districts

Eligible Applicants: Eligible applicants are school districts with a less than 90% adequacy level, that also fall within the locale codes 33, 41, 42, and 43 of the New Urban-Centric Locale Codes, as defined by the National Center for Educations Statistics. To determine if adequacy is less than 90%, please look under Reports, FY 2021, FY 2021 EBF Distribution Quick Facts found in column K

www.isbe.net/Pages/ebfdistribution.aspx

To determine locale code, visit:

https://nces.ed.gov/ccd/districtsearch/

GATA Award Requirements: The State of Illinois Grant Accountability and Transparency Act (GATA) requires applicants to complete pre-award requirements before receiving an award for an FY 2021 grant. This includes completion of the Grantee Registration and Pre-qualification process through the Illinois GATA Web Portal at the link below. Grant applications must be submitted by the deadline indicated in the NOFO/RFP.http://www.illinois.gov/sites/GATA/Grantee/Pages/default.aspx

Grant applicants are required to complete an FY 2021 Fiscal and Administrative Risk Assessment in the form of an Internal Controls Questionnaire (ICQ) available through the GATA Web Portal and an FY 2021 Programmatic Risk Assessment through the ISBE Web Application Security (IWAS) system. Grant awards will not be executed until the FY 2021 ICQ and Programmatic Risk Assessments are completed.

Dun and Bradstreet Each applicant (unless the applicant is an individual or federal or state awarding agency that is exempt from those requirements under 2 CFR §25.110(b) or (c), or has an exception approved by the federal or state awarding agency under 2 CFR §25.110(d)) is required to:

Universal Numbering System (DUNS) Number and System for Award Management (SAM):	(i) Be registered in SAM before submitting its application. If you are not registered in SAM, you may do so at https://www.sam.gov/SAM/. (ii) Provide a valid DUNS number in its application https://fedgov.dnb.com/webform; and (iii) Continue to maintain an active SAM registration with current information at all times during which it has an active federal, federal pass-through, or state award or an application or plan under consideration by a federal or state awarding agency. The Illinois State Board of Education (ISBE) may not consider an application for a federal pass-through or state award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements.
2 CFR Part 200 Requirements:	Code of Federal Regulations / Title 2 - Grants and Agreements / Vol. 1 / 2014-01-01192: Guidance can be found here
GATA Requirements:	Grant Accountability and Transparency Act (GATA) website GATA Rules GATA Legislation
Merit-Based Review and Selection Process for Competitive Grants:	ISBE is required to design and execute a merit-based review and selection process for applications. This process is incorporated by reference in all applicable funding opportunities. The full text of the ISBE merit-based review policy can be found at the link below. Applicants are advised to refer to the policy document. Merit-Based Review Policy
Grant Award/Cost Sharing or Matching:	There are no cost sharing or matching requirements for this program. Additional funding information can be found under Funding Information on the Fiscal Information tab.
Grant Period:	The grant period will begin no sooner than December 7, 2020 and will extend from the execution date of the grant until June 30, 2021.
Submission Date and Method:	All applications must be submitted electronically through the Mental Health system found in the IWAS program listing. Late proposals will not be eligible for consideration. **Proposals must be submitted electronically by 4 pm on Monday, December 7, 2020.**
Grant Award Notice:	It is anticipated that successful applicants will receive a Notice of Award via e-mail approximately 90 days after the application deadline. The award letter is NOT an authorization to begin performance or expenditures. After the Merit-Based Appeal timeframe has ended, awardees will receive additional information from the program area that includes the next steps for finalizing the grant. Monies spent prior to programmatic approval are done so at the applicants own risk.
Technical Assistance Session:	A technical assistance session will not be held for this application; instead, all questions will be addressed in a Frequently Asked Questions document. (See below for more details.)

Changes to NOFO/RFP:	ISBE will post any changes made to the (NOFO)/RFP prior to November 30, 2020, at the site linked below. Applicants are advised to check the site before submitting a proposal.https://www.isbe.net/Pages/Request-for-Proposals.aspx.
Agency Contact:	For more information on this NOFO/RFP, contact Candace Decker at (217) 782-5270 or cdecker@isbe.net.
	All questions asked concerning this NOFO/RFP will be responded to in a Frequently Asked Questions document found at https://www.isbe.net/Pages/School-Health-Issues.aspx so all respondents can see all questions and the responses to the questions. Changes to the FAQ will not be made after November 30, 2021. Applicants are advised to check the site before submitting a proposal.
Grant Award:	It is anticipated that four grants will be funded in FY 2021. Grant awards will be $250,000 each and will total $1 million. Any subsequent funding would be dependent upon continued funding by the General Assembly and successful completion of the deliverables and milestones of the program.
Funding Note:	**Payment under this grant is subject to passage of a sufficient appropriation by the General Assembly for the program. Obligations of the State Board of Education will cease immediately without further obligation should the agency fail to receive sufficient funds (i.e., state, federal, or other) for this program.**
State Legislation:	P.A 101-0637, Section 40
Expenditure Reports:	Cumulative expenditure reports, submitted quarterly, and a final completion report are required.
Performance Reports:	Performance reports are required as described in the Program-Specific Terms of the Grant.
Fiscal Information:	Requirements for Accounting, Budgeting, Financial Reporting, and Auditing
	State and Federal Grant Administration Policy, Fiscal Requirements and Procedures

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eGMS - Grants Application

SESSION TIMEOUT   59:39

Applicant: **County:**

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly
Click to Return to Application Select

Project Number: 21-3999-MH-

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page_Lock Control	Application Print

	Program Background and Description		Funding Information		Review Criteria		Reporting Requirements	

Program Background and Description

PROGRAM PURPOSE:

The purpose of this program is to provide funding for mental health services to students at school districts with a less than 90% adequacy level, that also fall within locale codes 33, 41, 42, and 43 of the New Urban-Centric Locale Codes, as defined by the National Center for Education Statistics.

PROGRAM DESCRIPTION:

This program will allow for the design and implementation of a districtwide plan that provides students in high-risk districts with greater access to mental health services, as identified through the utilization of a universal screener. This may include a partnership between the district and one or more nonprofit organizations, institutions of higher education, or local mental health agencies to carry out the project.

PROGRAM BACKGROUND/INTENT

This program is new to the Illinois State Board of Education and is intended to address a need identified by the General Assembly.

The intent of the program is to provide students in high-risk districts with greater access to mental health services. Partnerships between districts and nonprofit organizations, institutions of higher education, and/or local mental health agencies may be formed to provide services.

PROGRAM OBJECTIVES:

1. To design and implement a districtwide plan that provides students in high-risk districts with greater access to mental health services.
2. To form partnerships as necessary to support the implementation of the plan.
3. To implement a telehealth network with local providers.
4. To include a substance abuse counselor in district plans.

PERFORMANCE MEASURES:

1. Plans designed.
2. Plans implemented.
3. Number of students served.

TARGETS:

1. Plans will be designed by the end of the third quarter.
2. Plans will be implemented by the end of the school year.
3. Students presenting with mental health needs will be served by the district and/or any partnering agencies.

PERFORMANCE STANDARDS:

1. Plan designs will be completed within six months of award notice.
2. Plans will be implemented by the end of the school year.
3. At least 50 percent of students presenting with mental health needs after the plan is implemented will be served by the district and/or partnering agencies.

DELIVERABLES AND MILESTONES:

1. Plan designs will be uploaded to the Grant Periodic Performance Report system.
2. A final report with number of students presenting, number of students served, and number of partner-provided services will be submitted to ISBE in a form provided by the agency no later than June 30, 2021.

REPORTING REQUIREMENTS:

Periodic financial reporting should be completed at a minimum of quarterly via the IWAS system. Programmatic reporting should be completed at a minimum of quarterly via the IWAS system.

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eGMS - Grants Application

SESSION TIMEOUT   59:44

Applicant: PAYSON CUSD 1

County: Adams

Mental Health Services ▾

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly

Click to Return to Application Select

Project Number: 21-3999-MH-01-001-0010-26

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page Lock Control	Application Print

	Program Background and Description			Funding Information		Review Criteria		Reporting Requirements	

Funding Information

It is anticipated that four grants will be funded. Grant awards will be $250,000 each and will total $1 million. Any subsequent funding would be dependent upon continued funding by the General Assembly and successful completion of the deliverables and milestones stated in the NOFO/RFP.

Cost Sharing or Matching:

There are no cost sharing or matching provisions for this program.

Indirect Cost Rate:

The federal Uniform Guidance at 2 CFR 200 requires that grantees be provided the opportunity to seek indirect cost reimbursements based on negotiated indirect cost reimbursement rates. Rates are determined and applied as follows.

Local Education Agencies (LEAs)

* LEA indirect cost rates are developed in accordance with a delegation of authority agreement between ISBE and the U.S. Department of Education (ED). The plan includes both a restricted and unrestricted rate for each individual LEA. Both the restricted and unrestricted LEA rates are published annually on the ISBE website. The FY2020 rates are available at https://www.isbe.net/Pages/Indirect-Cost-Rate-Plan.aspx. In the past, only the restricted rate was allowed when budgeting indirect cost reimbursements.

  LEAs have the ability to seek indirect cost reimbursement at the published unrestricted rate for any program other than those identified as restricted by ED.

* Newly organized LEAs, Regional Offices of Education, Intermediate Service Centers, area vocational centers, charter schools, university laboratory schools and governmental entities formed by a joint agreement among LEAs utilize either the statewide average of LEA unrestricted or restricted indirect rates as appropriate, depending on program.

* LEAs that jointly administer federal program(s) utilize either the approved unrestricted or restricted indirect cost rates for the administrative district of the joint program as appropriate, depending on program.

Non-LEAs

* Programs eligible for an unrestricted indirect cost rate, not-for-profit entities, community/faith-based organizations, and other non-LEA, non-university subgrantees utilize rates negotiated through the Governor's Office of Management and Budget centralized process where

they will have the option to:

- Select the 10 percent de minimus rate.

- Submit documentation supporting a rate determined through negotiation with their federal cognizant agency.

- Negotiate a rate.

Non-LEA, non-university grantees may initiate the unrestricted indirect cost rate negotiation process through the GATA grantee portal at https://grants.illinois.gov/portal/.

- Federal programs requiring the use of a restricted indirect cost rate, not-for-profit entities, community/faith-based organizations, and other non-LEA subgrantees shall utilize the 8 percent default rate described at 34 CFR 76.564.

- Colleges and universities will be limited to a maximum indirect cost rate of 8 percent or other indirect cost rate calculated by their cognizant federal agency, whichever is less, for grants administered by ISBE.

Costs associated with Fiscal Support Services (2520), Internal Support Services (2570), Staff Support Services (2640), Data Processing Services (2660), and Direction of Business Support Services (2510) charged to the Educational Fund are properly budgeted as indirect costs.

Funding Restrictions:

Expenditures must support the grant purpose and objectives outlined in the NOFO/RFP. This program will use unrestricted indirect cost rates.

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eGMS - Grants Application

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Applicant:

County:

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly
Click to Return to Application Select

Project Number: 21-3999-MH-

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page Lock Control	Application Print

	Program Background and Description		Funding Information		Review Criteria		Reporting Requirements	

Criteria for Review and Approval of Proposals

Review and Selection Process:

The selection of the grantees will be based upon the overall quality of the application. The scoring is based upon the following criteria:

* Need is defined as the identification of stakeholders, facts, and evidence that demonstrate the proposal supports the grant program purpose.

* Capacity is defined as the ability of an entity to execute the grant project according to the project requirements.

* Quality is defined as the totality of features and characteristics of a service, project, or product that indicate its ability to satisfy the requirements of the grant program.

Tie Breaker:

In the event of a tie, the district with the higher proportion of low income students as indicated on the FY 2020 Full EBF Calculation spreadsheet will be given priority.

Criteria:

These overall criteria are built into the criteria below. The points for each criterion section and all sub-criterion are found within the respective sections.

Following the notification of grant awards, an applicant may request copies of reviewer comments and scores by contacting Candace Decker at cdecker@isbe.net.

Selection criteria and point values are as follows:					
Not Provided	Very Limited	Somewhat Limited	Moderate	Strong	Very Strong
0	1	2	3	4	5
Proposal requirements are absent.	Proposal provides very few details to meet the project outcomes.	Proposal is unclear and lacks enough evidence to meet project outcomes.	Proposal provides moderate detail and conveys potential to meet project outcomes.	Proposal provides good detail and strong evidence to meet project outcomes.	Proposal exceeds expectations and provides a solid plan to meet project outcomes.

	Possible Points
Section 1: Population to be served (20 points)	
Describe the district's locale code using New Urban-Centric Locale Codes, as defined by the National Center for Education Statistics.	5
Describe geographic area, community, and populations that are served by the school district, including student population, number of schools, and range of grade levels within district.	5
Identify specific schools that will participate in the project, including grade levels served, number enrolled, and student demographics. Describe criteria used to select the schools that will participate in the program.	5
Describe student demographics within each school, including race, sex, grade level, number of students receiving free or reduce-priced meals, etc.	5
Section 2: Needs assessment (20 points)	
Describe the level and nature of need for services of students.	5
Explain why additional resources are needed to address gaps in services.	5
Use available data to describe the financial need of your district and the students/families it serves.	5
Describe what services are currently offered in your district and how this program will enhance such services to students.	5
Section 3: Program evaluation (15 points)	
Include a plan for evaluation to show how districts will evaluate program impact and effectiveness. Describe how that evaluation will help to enhance program quality.	5
Describe student outcomes desired and what indicators will be used to measure program effectiveness.	5
Describe the processes that will be used to collect information used for evaluation and how those processes are accurate and reliable.	5
Section 4: Program implementation (35 points)	
Summarize all experience that the district and participating schools have had, including current and/or previous collaboration with providers.	5
Describe in detail the services that will be offered by the program and how students will be chosen to receive services.	5
Describe in detail a plan for addressing program requirements and how program requirements will be met by all parties involved (e.g., students, parents, teachers, support staff, community partners, etc.).	5
Describe plan to reduce stigma associated with mental health issues within the school community.	5
Describe plan for implementing a telehealth network with local providers.	5
Describe coordination and integration of mental health support services with other community-based service systems and providers.	5
Describe plan for including substance abuse counselors.	5
Section 5: Sustainability (10 points)	
Describe plans for continuing the program after funding has ended.	5
Describe plan to secure funding from other sources in order to continue the program.	5

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https://appsqa.isbe.net/eGrant_Web/ApplicationShell.aspx?DisplayName=Review Criteria   2/3

eGMS - Grants Application

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Applicant:

County:

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
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Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page Lock Control	Application Print

Program Background and Description	Funding Information	Review Criteria	Reporting Requirements

Reporting Requirements

Periodic financial reporting should be completed at a minimum of quarterly via the IWAS system. Programmatic reporting should be completed at a minimum of quarterly via the IWAS system. Additional reporting requirements are listed below.

* Programmatic reporting - Quarterly reports describing performance measures are due in IWAS 20 days following the reporting quarter.

* Financial Reporting - Quarterly reports are due in IWAS 20 days following the reporting quarter. Example: March 31 expenditure report is due in IWAS on or before April 20. Failure to submit the report by the due date will result in payments being withheld until the required report is received.

* Performance Reporting - Comprehensive year-end performance reports showing progress toward implementation of the program and achievement of the program objectives should be submitted in IWAS. Performance reports should explain why program goals were not met, if applicable.

QUARTERLY REPORTING PERIOD

BEGIN DATE	END DATE	DUE DATE
January 1	March 31	April 20
April 1	June 30	July 20
July 1	September 30	October 20
October 1	December 31	January 20

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Applicant: **County:**   Mental Health Services ▾

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly

Click to Return to Application Select

Project Number: 21-3999-MH-

Spell Check

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page Lock Control	Application Print

Applicant Information

Program Contact Person:

Last Name*

First Name*

Middle Initial

Address 1*

Address 2

City*

State*

Zip + 4 *

Phone*   Extension   Fax

Email*

Budget Contact Person (if different from Program Contact Person above):

Last Name   First Name   Middle Initial

Activity Period:

○ Regular Project Year - Activities completed through June 30. No new obligations/activities after June 30 except to pay outstanding obligations made prior to June 30 or to pay for teacher salaries for activities completed prior to June 30 (teachers paid on a 12-month basis, but working only 9 months).

○ Extended Project Year - Activities occurring between project begin date and August 31. In the rare event, such as summer school, tutoring or any other allowable service, that the project must be extended, contact your grant coordinator before selecting the Extended Project Year.

Grant Period:

Begin Date: No sooner than November 30, 2020, and upon the execution date of the grant

End Date: 06/30/2021

(NOTE: To change the end date, select the other activity period above and SAVE the page. Explain the need for this change in the Applicant Comments section below.)

Applicant Comments:

Use this text area for any needed explanations to ISBE regarding this program, including the need to change end dates.

(0 of 1500 maximum characters used)

*Required field

Save Page

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SESSION TIMEOUT   59:57

Applicant: **County:**   Mental Health Services ▾

Application: 2020-2021 Mental Health Services - MH
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Project Number: 21-3999-MH-

Spell Check

| Overview | General Information | Applicant Information | Amendments | Program Specific | Budget Pages | Assurance Pages | Submit | Application History | Page Lock Control | Application Print |

Amendments

Instructions

Use this page to report any amendment details. If this is an Initial application, you must still respond to the first question, save the page, and continue completing your application.

Is this an Original application or Amended application? *
  ◯ Original Application   ◯ Amended Application

[   ] Amendment Number

Grant Changes

Provide a brief description of the changes as well as the function/object codes that have been amended in this submission. (Limited to 1,500 characters)
(0 of 1500 maximum characters used)

*Required field

Save Page

eGMS - Grants Application

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Applicant:

County:

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

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Project Number: 21-3999-MH-

Spell Check

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page_Lock Control	Application Print

Abstract	Needs Assessment	Population To Be Served	Program Implementation	Activities and Evaluation	Program Evaluation	Program Sustainability

Abstract

WHEN COMPLETING THIS PAGE, DO NOT USE SPECIAL FORMATTING COPY/PASTED FROM WORD, SUCH AS NUMBERED OR BULLETED LISTS, CHARTS, GRAPHS, ETC. DO NOT USE SPECIAL CHARACTERS, SUCH AS SINGLE OR DOUBLE QUOTES, AMPERSAND SYMBOL, ETC.

Provide a brief overview of the nature of the planned program and services to be provided.*

(0 of 3500 maximum characters used)

Save Page

*Required field

eGMS - Grants Application

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Applicant:

County:

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
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Project Number: 21-3999-MH-

Spell Check

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page_Lock Control	Application Print

Abstract	Needs Assessment	Population To Be Served	Program Implementation	Activities and Evaluation	Program Evaluation	Program Sustainability

Needs Assessment

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1. Describe the level and nature of need for services of the students targeted.*

(0 of 3500 maximum characters used)

2. Identify gaps in services and explain why additional resources are needed to address them.*

(0 of 3500 maximum characters used)

3. Describe the financial need of the district, using and citing the best available data. Describe the financial needs of students/families served by the district.*

(0 of 3500 maximum characters used)

4. Describe what mental health services are currently offered to students in the district. Explan how this program will establish and/or enhance current mental health services.*

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Save Page

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eGMS - Grants Application

SESSION TIMEOUT 59:56

Applicant:

County:

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

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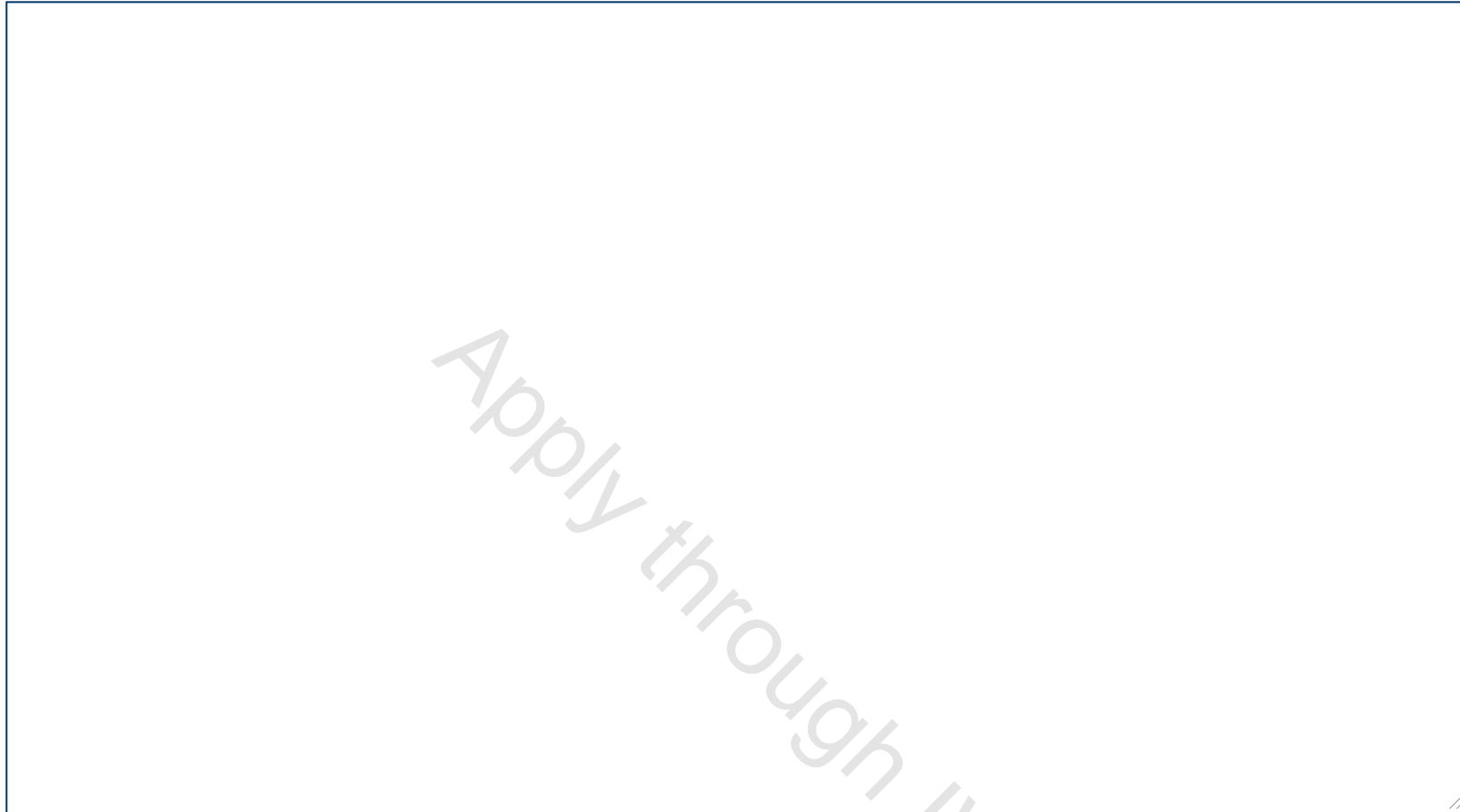**Project Number:** 21-3999-MH-

Spell Check

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page Lock Control	Application Print

Abstract	Needs Assessment	Population To Be Served	Program Implementation	Activities and Evaluation	Program Evaluation	Program Sustainability

Population To Be Served

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1. **Describe the locale code of the district using the New Urban-Centric Locale Codes, as defined by the National Center for Education Statistics.* See link on the Overview page.**

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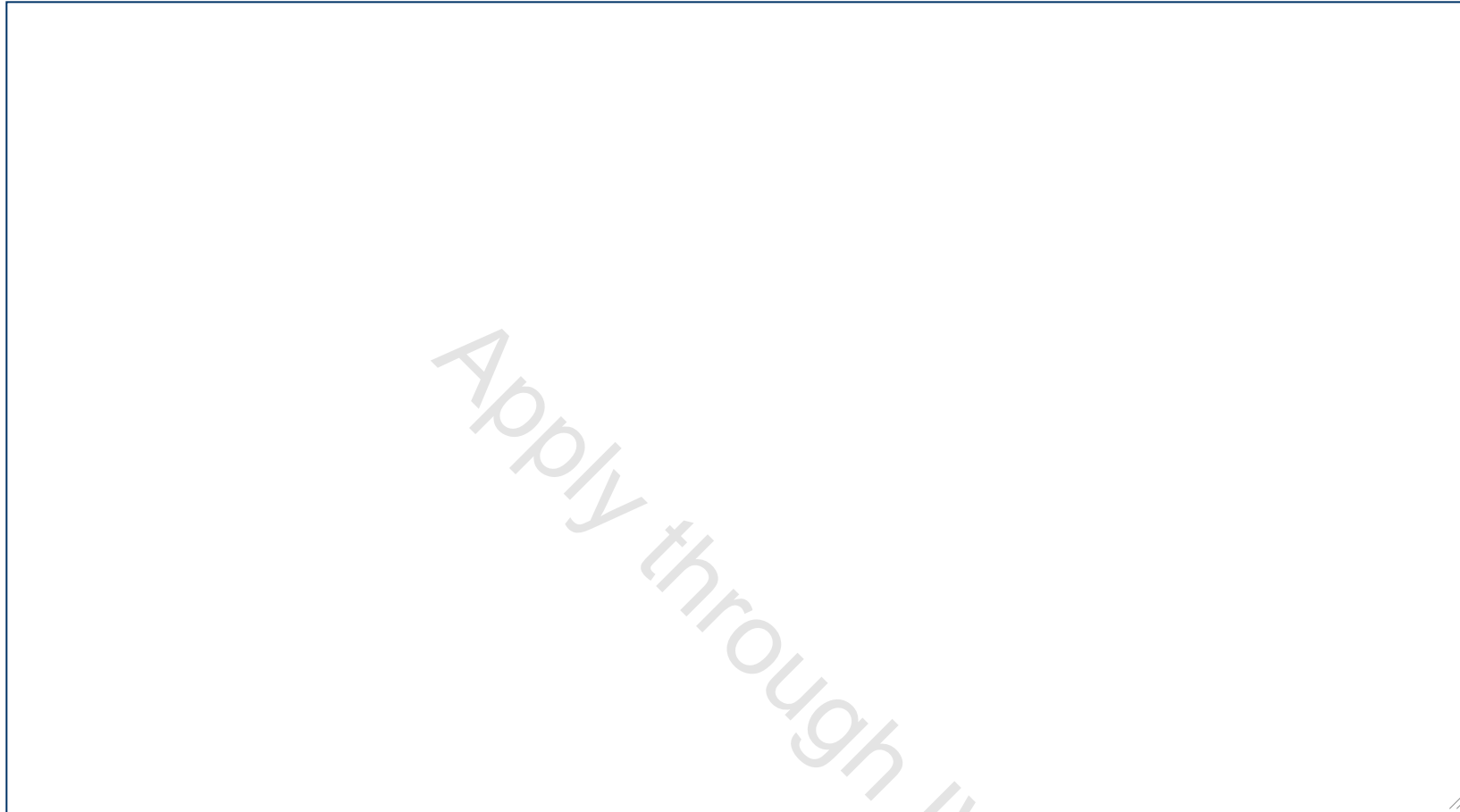
2. **Describe the geographic area, community, and populations that are served by the school district, including student population, number of schools, and range of grade levels within the district.***

(0 of 3500 maximum characters used)

3. **Identify specific schools that will participate in the project, including grade levels served, number of students enrolled, and any other pertinent student demographics. Provide the criteria used to select the participating schools.***

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4. Describe student demographics within schools that will participate, including race, sex, number of students receiving free or reduced-price meals, etc.*

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Save Page

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Applicant: **County:**   Mental Health Services ▾

Application: 2020-2021 Mental Health Services - MH
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Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page_Lock Control	Application Print

Abstract	Needs Assessment	Population To Be Served	Program Implementation	Activities and Evaluation	Program Evaluation	Program Sustainability

Program Implementation

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1. Describe the experience the district/participating schools have had with curent and/or previous collaboration(s) with providers.*
   (0 of 3500 maximum characters used)

2. Provide a detailed explanation of services to be offered by the program and how students will be selected to receive such services.*
(0 of 3500 maximum characters used)

![text box]

3. Describe how program requirements will be met, including how all parties involved (e.g., students, parents, teachers, etc.) will work together to meet requirements.*

(0 of 3500 maximum characters used)

4. Describe the plan to reduce the stigma associated with mental health issues within the school community.*

(0 of 3500 maximum characters used)

5. Explain how a telehealth network with local providers will be established and implemented.*

(0 of 3500 maximum characters used)

[ ]

6. Describe the coordination and integration of mental health support services with other comunity-based service systems and providers.*

(0 of 3500 maximum characters used)

7. Describe how substance abuse counselors will be involved in the program implementation.*

(0 of 3500 maximum characters used)

*Required field

Save Page

eGMS - Grants Application

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Applicant: **County:**   Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH

Cycle: Original Application

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Project Number: 21-3999-MH-

Spell Check

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page Lock Control	Application Print

Abstract	Needs Assessment	Population To Be Served	Program Implementation	Activities and Evaluation	Program Evaluation	Program Sustainability

Activities and Evaluations

For each of the four program objectives listed below, describe the activities and evaluations to be carried out with grant funds.

When completing this page, do not use special formatting copy/pasted from Word, such as numbered or bulleted lists, charts, graphs, etc.
Do not use special characters, such as single or double quotes, ampersand symbol, etc.

OBJECTIVE 1: To design and implement a district wide plan that provides students in high-risk districts with greater access to mental health services.

Describe one or more activities that will support this objective.*

(0 of 3500 maximum characters used)

State the performance measure(s), using quantifiable terms and specific targets that include raw numbers, ratios, and percentages when applicable.*

(0 of 3500 maximum characters used)

[text box]

OBJECTIVE 2: To form partnerships as necessary to support the implementation of the plan.

Describe one or more activities that will support this objective.*

(0 of 3500 maximum characters used)

[text box]

State the performance measure(s), using quantifiable terms and specific targets that include raw numbers, ratios, and percentages when applicable.*

(0 of 3500 maximum characters used)

[text box]

OBJECTIVE 3: To implement a telehealth network with local providers.

Describe one or more activities that will support this objective.*

(0 of 3500 maximum characters used)

State the performance measure(s), using quantifiable terms and specific targets that include raw numbers, ratios, and percentages when applicable.*

(0 of 3500 maximum characters used)

OBJECTIVE 4: To include substance abuse counselors in district plans.

Describe one or more activities that will support this objective.*

(0 of 3500 maximum characters used)

State the performance measure(s), using quantifiable terms and specific targets that include raw numbers, ratios, and percentages when applicable.*

(0 of 3500 maximum characters used)

Save Page

*Required field

eGMS - Grants Application

SESSION TIMEOUT 59:45

Applicant: **County:**   Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly
Click to Return to Application Select

Project Number: 21-3999-MH-

Spell Check

| Overview | General Information | Applicant Information | Amendments | Program Specific | Budget Pages | Assurance Pages | Submit | Application History | Page_Lock Control | Application Print |

| Abstract | Needs Assessment | Population To Be Served | Program Implementation | Activities and Evaluation | Program Evaluation | Program Sustainability |

Program Evaluation

WHEN COMPLETING THIS PAGE, DO NOT USE SPECIAL FORMATTING COPY/PASTED FROM WORD, SUCH AS NUMBERED OR BULLETED LISTS, CHARTS, GRAPHS, ETC. DO NOT USE SPECIAL CHARACTERS, SUCH AS SINGLE OR DOUBLE QUOTES, AMPERSAND SYMBOL, ETC.

1. Describe the evaluation plan, including how to measure program impact and effectiveness. Explain how the program will be enhanced through the evaluation process.*

(0 of 3500 maximum characters used)

2. List desired student outcomes and what indicators will be used to measure program effectiveness.*

(0 of 3500 maximum characters used)

3. Describe how evaluation information will be collected. Explain the accuracy and reliability of the evaluation process.*

(0 of 3500 maximum characters used)

Save Page

*Required field

eGMS - Grants Application

SESSION TIMEOUT **59:55**

Applicant: **County**   Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly
Click to Return to Application Select

Project Number: 21-3999-MH-

Spell Check

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page_Lock Control	Application Print

Abstract	Needs Assessment	Population To Be Served	Program Implementation	Activities and Evaluation	Program Evaluation	Program Sustainability

Program Sustainability

WHEN COMPLETING THIS PAGE, DO NOT USE SPECIAL FORMATTING COPY/PASTED FROM WORD, SUCH AS NUMBERED OR BULLETED LISTS, CHARTS, GRAPHS, ETC. DO NOT USE SPECIAL CHARACTERS, SUCH AS SINGLE OR DOUBLE QUOTES, AMPERSAND SYMBOL, ETC.

1. Describe how the program will continue after grant funding has ended.*

(0 of 3500 maximum characters used)

2. Provide a plan for securing funding from other sources after this program funding has ended.*

(0 of 3500 maximum characters used)

Save Page

*Required field

eGMS - Grants Application

SESSION TIMEOUT   59:08

Applicant: **County:**   Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly
Click to Return to Application Select

Project Number: 21-3999-MH

Spell Check

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page_Lock Control	Application Print

Indirect Cost Calculation	Budget Detail	Budget	Payment Schedule

Indirect Cost Calculation   **Instructions**

A. Rates to Be Used for Calculating Indirect Costs

1. If the program is mandated to use a RESTRICTED rate, these rates will be loaded:

   a. LEAs - rates calculated from the Annual Financial Report

   b. ROEs, ISCs, EFEs, charter schools, university lab schools, special education joint agreements that are separate legal entities - the statewide average rate of 4.07%

   c. Special education joint agreements and EFEs administered by a school district - the district's calculated rate

   d. Colleges and universities - 8%

   e. Not-for-profit and community organizations - 8%

2. If the program allows an UNRESTRICTED rate, these rates will be loaded:

   a. LEAs - rates calculated from the Annual Financial Report

   b. ROEs, ISCs, EFEs, charter schools, university lab schools, special education joint agreements that are separate legal entities - the statewide average rate of 19.76%

   c. Special education joint agreements and EFEs administered by a school district - the district's calculated rate

   d. Colleges and universities - 8%

   e. Not-for-profit and community organizations - as selected by the entity; options are 0%, 10% de minimus, or negotiated rate

B. Basis for Calculating Indirect Costs

1. If RESTRICTED rates are used, the Modified Total Direct Cost (MTDC) will be used as the direct cost base.

2. If UNRESTRICTED rates are used, the MTDC will be used as the direct cost base for:

   a. LEAs

   b. ROEs, ISCs, EFEs, charter schools, university lab schools, special education joint agreements that are separate
      legal entities - the statewide average rate

   c. Special education joint agreements and EFEs administered by a school district

   d. Colleges and universities

   e. For-profit, not-for-profit or community organizations taking the de minimis rate of 10%

3. If UNRESTRICTED rates are used, for-profit and not-for profit community organizations that have a Federal/GOMB
   negotiated rate may apply their indirect cost rate to a direct cost base other than MTDC, if approved.

   THE INDIRECT COST RATE FOR THIS PROGRAM IS: UNRESTRICTED

**C. Identify the type of organization applying below. For types (a) through (d), the rate displays on the Budget
    Detail page and automatically calculates the maximum allowable amount. For type (e), additional questions
    will appear and must be completed before completing the Budget Detail page.**

  ○ (a) LEAs

  ○ (b) ROEs, ISCs, EFEs, charter schools, university lab schools, special education joint agreements that are separate
        legal entities - the statewide average rate

  ○ (c) Special education joint agreements administered by a school district

  ○ (d) Colleges and universities

  ○ (e) For-profit/Not-for-profit or community organizations using:

        - a de minimis rate of 10%,

        - a rate of 0%, or

        - a Federal/GOMB negotiated rate

<div align="center">Save Page</div>

eGMS - Grants Application

SESSION TIMEOUT   59:56

Applicant:

County:

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly

Click to Return to Application Select

Project Number: 21-3999-MH-

Spell Check

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page Lock Control	Application Print

Indirect Cost Calculation	Budget Detail	Budget	Payment Schedule

Budget Detail   BUDGET BREAKDOWN (Use whole dollars only. Omit Decimal Places, e.g., $2536)   **Instructions**

Itemize and explain each expenditure amount that appears on the Budget Summary. Provide a complete breakdown of eligible employee benefits. Federal Funds: Please review the Instructions link for details that apply to your specific grant regarding teacher's retirement. Contact your program consultant with any additional questions you may have regarding TRS contributions. Click on the "Create Additional Entries" button to enter additional information.

Description of Function Codes and Object Codes

Function Code	Object Code	Exclude from MTDC**	Expenditure Description and Itemization	MH-3999 Funds	Delete Row
▼	▼	☐		0	☐
▼	▼	☐		0	☐
▼	▼	☐		0	☐
▼	▼	☐		0	☐
▼	▼	☐		0	☐

Create Additional Entries

Total Direct Costs	0
Less Functions 2530 and 4000, Capital Outlay Costs, Contract amounts over $25,000	0
Modified Total Direct Costs	0
Indirect Cost Rate %	
Maximum Indirect Cost *	0

Indirect Cost	0

Total Allotment   0

Grand Total	0
Allotment Remaining	0

NOTE: READ BEFORE IMPORTING - Data Import Instructions   Data Import Template

Choose File   No file chosen

Upload/Validate File

Calculate Totals   Save Page

*If expenditures are budgeted in Functions 2510, 2520, 2570, 2640, or 2660 by an LEA, the indirect cost rate cannot be used
** Contracts over $25,000 must be entered in a separate line items and the Exclude from MDTC box selected. (Modified Total Direct Cost)

eGMS - Grants Application

SESSION TIMEOUT   59:56

Applicant:

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Project Number: 21-3999-MH-

County:

Mental Health Services ▼

Printer-Friendly

Click to Return to Application Select

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page_Lock Control	Application Print

Indirect Cost Calculation	Budget Detail	Budget	Payment Schedule

Budget (Read Only)

Instructions

LINE	FUNCTION	EXPENDITURE ACCOUNTING	SALARIES 100	EMPLOYEE BENEFITS 200	PURCHASED SERVICES 300	SUPPLIES & MATERIALS 400	CAPITAL OUTLAY** 500	OTHER OBJECTS 600	NONCAP EQUIP** 700	TOTAL
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 and 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 & 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, Dev. & Eval. 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 and Governmental Units									
29	Total Direct Costs										
30	Indirect Costs										
31	Total Budget										

*   If expenditures are shown, the indirect cost rate cannot be used
** Capital Outlay cannot be included in the indirect cost calculation.

Superintendent Name: Not calling IWAS Web Service

eGMS - Grants Application

SESSION TIMEOUT 59:57

Applicant:

County:

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly

Click to Return to Application Select

Project Number: 21-3999-MH-

Overview	General Information	Applicant Information	Amendments	Program Specific	Budget Pages	Assurance Pages	Submit	Application History	Page_Lock Control	Application Print
	Indirect Cost Calculation			Budget Detail		Budget			Payment Schedule	

Payment Schedule

Instructions

An authorized user must save this page prior to Application Submission.

Month	**Payment Amount**
July	0
August	0
September	0
October	0
November	0
December	0
January	0
February	0
March	0
April	0
May	0
June	0
Total $	0
Budget Detail Total	0

eGMS - Grants Application

SESSION TIMEOUT   59:56

Applicant:

County:

Mental Health Services ▼

Application: 2020-2021 Mental Health Services - MH
Cycle: Original Application

Printer-Friendly

Click to Return to Application Select

Project Number: 21-3999-MH-

| Overview | General Information | Applicant Information | Amendments | Program Specific | Budget Pages | Assurance Pages | Submit | Application History | Page_Lock Control | Application Print |

| Program Assurances | State Assurances | Assurances |

Program-Specific Terms of the Grant   **Instructions**

☐ By checking this box, the applicant hereby certifies that he or she has read, understood, and will comply with the assurances listed below, as applicable to the program for which funding is requested.

1. Subcontracting: No 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: Periodic financial reporting should be completed at a minimum of quarterly via the IWAS system. Programmatic reporting should be completed at a minimum of quarterly via the IWAS system.

3. Evaluation: As outlined on the Program Evaluation page.

Save Page