



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	586-43-3167
6.	CSFA Title	State Programs: Computer Science Equity Grant
Catalog of Federal Domestic Assistance (CFDA) <input checked="" type="checkbox"/> 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-CS
12.	Funding Opportunity Title	Computer Science Equity Grant
13.	Funding Opportunity Program Field	Education
Competition Identification <input checked="" 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>	
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**Uniform Application for State Grant Assistance
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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	

FY 2027
COMPUTER SCIENCE
EQUITY GRANT

PROGRAM NARRATIVE

Directions: Address sections 1-3, and the priority points section (if applicable) in the Program Narrative section of the NOFO. For specific evaluation criteria in each section, applicants are advised to review the evaluation rubric in the NOFO. **Responses must be limited to not more than 5 pages.**

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OBJECTIVES AND ACTIVITIES

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME

REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Responses should include all planned activities; a timeline for activities, including beginning and completion dates; the person(s) responsible; the evaluation measures and components. ***Responses must be limited to not more than FIVE pages.***

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Standards and Instruction Department
100 North First Street, N-242
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PROGRAM EVALUATION DESIGN

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

Directions: Address Section 4 found in the sustainability component of the proposal providing details of how the tangible benefits of cost measure total effectiveness of program and outline steps that will be employed to evaluate the program. **Responses must be limited to not more than FIVE pages.**



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

ILLINOIS STATE BOARD OF EDUCATION
Standards and Instruction Department
100 North First Street, N-242
Springfield, Illinois 62777-0001

FY 2027

Computer Science Equity Grant

Source of Funds: 3999-CS

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 27	SOURCE OF FUNDS CODE 3999-CS	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

**FY 2027
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EQUITY GRANT**

BUDGET NARRATIVE

APPLICANT NAME (LEA)	REGION, COUNTY, DISTRICT, TYPE CODE
DISTRICT NAME AND NUMBER	SCHOOL NAME

INSTRUCTIONS: Address Section 5 found in the Cost Effectiveness components of the proposal. Responses should include a budget summary for each of the three years of the grant cycle, FY27, FY28, and FY28. Please note that when filling out the State Budget Summary and Payment Schedule, you will only use FY27 information. To view allowable use of funds, please review Section 700.50 Program Specifications in Rules. **Responses must be limited to not more than five pages.**

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APPLICANT-GENERATED ATTACHMENTS

GENERAL INSTRUCTIONS

For Applicant-Generated Attachments (Attachments A):

- Use the provided form as a cover for your grantee-generated attachments. Do not write or insert any other content directly on the provided form.

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EQUITY GRANT**

APPLICANT-GENERATED ATTACHMENTS

APPLICANT'S NAME (FISCAL AGENT) - LEA OR ENTITY NAME	REGION COUNTY DISTRICT TYPE CODE
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INSTRUCTIONS: As needed, refer to the instructions on Attachment 7.

Attachment 7A of the proposal must include all relevant Memoranda of Understanding (MOUs). **(No Page Limit)**

All MOUs must include, at a minimum, the following information:

- The entity name of all parties on the MOU;
- The dates for which the MOU will be valid;
- **Wet ink** signatures (and date), printed name, and title of individuals authorized to commit the partners' staff and/or resources to the grant (see below for authorized individuals);
- A description of the collaboration among the co-applicants regarding the planning and design of the program;
- An assurance that the 21st CCLC program was developed together with the LEA, the building principals, and the teachers, and that the program will be carried out in collaboration with all parties;
- A description of each co-applicant's role in the delivery of services;
- An explanation of how resources will be shared to carry out each co-applicant's role;
- An explanation of how each co-applicant will have significant and ongoing involvement in the management and oversight of the program;
- A description of how the students will be chosen for the program;
- A clear description of the linkage between the school day and the 21st CCLC programming; and
- A description of how and when data, surveys, and information about the 21st CCLC will be collected, compiled, and shared over the term of the grant, including surveys of students, parents, and teachers; a comparison of students' grades for the first and fourth quarters; and the collection of state assessment scores.

Include a MOU between the parties of all relevant relationships. An MOU must be submitted for relationships including, but not limited to:

- Primary Applicant and Co-Applicant(s)
 - o MOUs involving LEAs must have the District Superintendent's signature;
 - o MOUs involving CBOs must have the signature of the proposed project director AND senior executive (e.g. CEO) of the CBO.
 - o If an application has multiple co-applicants, separate MOUs must be submitted between the primary applicant and each co-applicant;
- Primary Applicant and each school that is proposed to be served
 - o The principal of each school must sign their applicable MOU.
 - o The proposed project director AND senior executive/official (whether an LEA or a CBO) must sign such MOU(s).