



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	<b>Illinois State Board of Education</b>
5.	Catalog of State Financial Assistance (CSFA) Number	<b>586-53-3670</b>
6.	CSFA Title	<b>IDEA Discretionary (Special Ed Paraprofessional Professional Development Grant)</b>
<b>Catalog of Federal Domestic Assistance (CFDA)</b> <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	<b>84.027A</b>
8.	CFDA Title	<b>Special Education Grants to States</b>
9.	CFDA Number	<b>N/A</b>
10.	CFDA Title	<b>N/A</b>
<b>Funding Opportunity Information</b>		
11.	Funding Opportunity Number	<b>27-4630</b>
12.	Funding Opportunity Title	<b>Fed-SpEd-IDEA Discretionary</b>
13.	Funding Opportunity Program Field	<b>Education</b>
<b>Competition Identification</b> <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>	
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	

FY 2027  
**PROFESSIONAL**  
**(SPECIAL EDUCATION PARAPROFESSIONAL**  
**PROFESSIONAL DEVELOPMENT)**

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## 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. ***Responses must be limited to not more than 5 pages.***

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**FY 2027**  
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FY 2027  
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**OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Provide the information requested in the Program Requirements section of the NOFO. *Responses must be limited to not more than FIVE pages.*



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**PROGRAM EVALUATION DESIGN**

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

**Directions:** Each proposal must include a detailed description of the methodology to be used and the data to be collected when determining the program's effectiveness, to include at least the data elements listed under the Evaluation Design Requirements of the NOFO. **Responses must be limited to not more than TWO pages.**



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Initial Budget       Amendment No. \_\_\_\_\_  
 Revised Initial Budget       Multi-district Application

**ILLINOIS STATE BOARD OF EDUCATION**

Department Name  
 100 North First Street, Mail Code  
 Springfield, Illinois 62777-0001

**FY 2027**

PROFESSIONAL (SPECIAL EDUCATION PARAPROFESSIONAL  
 PROFESSIONAL DEVELOPMENT)

**FEDERAL BUDGET SUMMARY**

*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

FISCAL YEAR <b>27</b>	SOURCE OF FUNDS CODE <b>4630</b>	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)	
EMAIL 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								
2	2110	Attendance & Social Work Services								
3	2120	Guidance Services								
4	2130	Health Services								
5	2140	Psychological Services								
6	2150	Speech Pathology & 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 and 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, Development & Evaluation 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 or Government Units								
28	5000	Debt Services								
29	Total Direct Costs									
30	Approved Indirect Costs x _____%*									
31	<b>TOTAL BUDGET</b>									

\* Contact the GATA Department for indirect cost restrictions.

FY 2027 BUDGET SUMMARY BREAKDOWN

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

**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](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)	
<b>TOTAL</b>									

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