



100 North First Street
Springfield, Illinois 62777-0001

ATTACHMENT 1

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 (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 | 586-44-2304 |
| 6. | CSFA Title | Fed. - Sp. Ed. - Pre-School Discretionary - STAR NET |
| Catalog of Federal Domestic Assistance (CFDA) <input type="checkbox"/> Not applicable (No federal funding) | | |
| 7. | CFDA Number | 84.173 |
| 8. | CFDA Title | SPECIAL EDUCATION - PRESCHOOL GRANTS |
| 9. | CFDA Number | |
| 10. | CFDA Title | |
| Funding Opportunity Information | | |
| 11. | Funding Opportunity Number | 26-4605-SN |
| 12. | Funding Opportunity Title | Fed. - Sp. Ed. - Pre-School Discretionary |
| 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 |
| 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> | <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: \$ _____ <div style="text-align: right;"><input type="checkbox"/> Total Amount: \$ _____</div> |

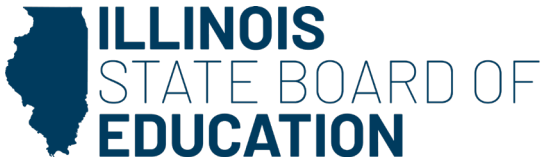
Applicant Certification:

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 | |



Early Childhood Department
100 North First Street, E-225
Springfield, Illinois 62777-0001

**FY 2026 – STAR NET
REGION SELECTION**

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

Directions: Indicate the STAR NET region(s) to be served. Refer to Appendix A in the RFP for the STAR NET Regional map. More than one region may be applied for.

☐ Region 1 ☐ Region 2 ☐ Region 3 ☐ Region 4 ☐ Region 5 ☐ Region 6

☐ Initial Budget

☐ Amendment No. _____

☐ Revised Initial Budget

☐ Multi-district Application

ILLINOIS STATE BOARD OF EDUCATION

Early Childhood Department
100 North First Street, E-225
Springfield, Illinois 62777-0001

FY 2026
STAR NET

FEDERAL 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 26 | SOURCE OF FUNDS CODE 4605 | 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 | | | | | | | | |
| 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 | TOTAL BUDGET | | | | | | | | | |

* If expenditures are shown, the indirect costs rate cannot be used. ** Not applicable to all grants, and in no instances can Capital Outlay, Non-Capitalized Equipment or Facilities Acquisition and Construction Services be included in the indirect costs application.

Date

Original Signature of Superintendent or Administrator

Date

Original Signature of ISBE Department Administrator

Page ____ of ____

| 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 ____

| 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 ____

| 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 _____

| 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 _____

| 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 | | | | | | | | | |