

Uniform Application for State Grant Assistance

100 North First Street, Springfield, Illinois 62777-0001

		Agency Completed Section	
1.	Type of Submission	 □ Preapplication ☒ Application □ Changed/Corrected Application 	
2.	Type of Application	New Continuation (i.e. multiple year grant) 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	586-18-2206	
6.	CSFA Title	State Programs - Mental Health Services Tier I and Tier II Districts	
Catalo	og of Federal Domestic Assistance (CFDA) X Not applicable (No federal funding)	
7.	CFDA Number		
8.	CFDA Title		
9.	CFDA Number		
10.	CFDA Title		
Funding Opportunity Information			
11.	Funding Opportunity Number	22-3999-MH	
12.	Funding Opportunity Title	Mental Health Services to Tier I and Tier II Districts	
13.	Funding Opportunity Program Field		
Comp	etition Identification	X 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 DUNS registration and grantee prequalification) 17. Common Name (DBA) Employer/Taxpayer Identification 18. Number (EIN, TIN) 19. Organizational DUNS Number 20. SAM CAGE Code **Business Address** 21. (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 Suffix 25. 26. Title 27. Organizational Affiliation 28. Telephone Number (Include Area Code) 29. Fax Number (Include Area Code) 30. E-Mail 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 (Include Area Code) 36. Fax Number (Include Area Code) 37. E-Mail 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) Add Attachments (e.g., maps), if needed		
41.	Legislative and Congressional Districts of Applicant		
42.	Legislative and Congressional Districts of Program / Project Attach an additional list, if needed		
Applic	cant's Project		
43.	Description Title of Applicant's Project Text only for the title of the applicant's project.		
44.	Proposed Project Term	Start Date: End Date:	
45.	Estimated Funding (Include all that apply)	Amount Requested from the State: \$	
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 also provide the required assurances* and 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) (*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity. I agree			
Autho	rized Representative		
46.	First/Last		
47.	Suffix		
48.	Title		
49.	Telephone Number (Include Area Code)		
50.	Fax Number (Include Area Code)		
51.	E-Mail Address		
53.	Signature of Authorized Representative		
54.	Date Signed		



Page _	of

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _____ of ____

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _	of

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _	of

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _	of

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _	of

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _	of

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _	of

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _	of

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _____ of ____

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM NARRATIVE



Page _____ of ____

Wellness Department 100 North First Street, Ò-222 Springfield, Illinois 62777-0001 FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

OBJECTIVES AND ACTIVITIES

Directions : Provide the information requested for Attachment 3, Object than 5 pages.	ctives and Activities. Responses must be limited to not more
APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE



Page _____ of ____

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

OBJECTIVES AND ACTIVITIES

Directions: Dravide the information requested for Attachment 2. Oh		-
APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE	



Page _____ of ____

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

OBJECTIVES AND ACTIVITIES

Directions: Dravide the information requested for Attachment 2. Oh		-
APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE	



Page _____ of ____

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

OBJECTIVES AND ACTIVITIES

Directions: Dravide the information requested for Attachment 2. Oh		-
APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE	



Page _____ of ____

FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

OBJECTIVES AND ACTIVITIES

Directions: Dravide the information requested for Attachment 2. Oh		-
APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE	



FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

Wellness Department 100 North First Street, Ò-222 Springfield, Illinois 62777-0001

PROPOSAL 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 cost effectiveness and sustainability components of the proposal. Provide details of how the tangible benefits of costs measure total effectiveness of the program and outline the steps that will be employed to evaluate the program.



FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

Wellness Department 100 North First Street, Ò-222 Springfield, Illinois 62777-0001

PROPOSAL 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 cost effectiveness and sustainability components of the proposal. Provide details of how the tangible benefits of costs measure total effectiveness of the program and outline the steps that will be employed to evaluate the program.

	Initial Budg	itial Budget Mult	endment Noi-district Application		= 1	100	TATE BOARD (Wellnesss Depart) North First Stree ngfeld, Illinois 627	ment t, E-222	N	☐ COMPLETED L	Notice of State Award	
FISO YEA	R CODE		NTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)		Э рп	FY 2022	777-0001		7	OVAL DATE AND INI	
	TRICT NAME A					Mental Healt	h Services Tier I a	and Tier II District	S	TOTAL FUNDS		
COI	NTACT PERSOI	N	TELEPHONE NUMBER (Inc	lude Area Code)	s	Source of Funds: _				CARRYOVER FUN	IDS CURRI	ENT FUNDS
					s	TATE BUDGET	SUMMARY AND I	PAYMENT SCHE	DULE			
E-M	AIL ADDRESS		FAX NUMBER (Include Area	Code)	Use whole	e dollars only. Omit	Dollar Signs, Comma	as, and Decimal Pla	ices, e.g., 2536	BEGIN DATE	END D	ATE
LINE	FUNCTION NUMBER (1)	EXPENDITE ACCOUN (2)			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										
3	2110 2120	Attendance & Social Work Services	ces									July-August
4	2120	Guidance Services Health Services										Contombor
5	2140	Psychological Services										September
6	2150	Speech Pathology & Audiology S	ervices									October
7	2210	Improvement of Instruction Service	ces									1
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 Se	rvices									January
13	2520	Fiscal Services										
14	2530	Facilities Acquisition and Constru										February
15	2540	Operation & Maintenance of Plan	t Services									-
16	2550	Pupil Transportation Services Food Services										March
17 18	2560 2570	Internal Services										April
19	2610	Direction of Central Support Servi	ces									- ^piii
20	2620	Planning, Research, Developmer										May
21	2630	Information Services										1
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 Go	overnment Units									\$
28	5000	Debt Services										
29	Total Direct C											4
30		OSTS (Direct Cost X %)	•									-
31	TOTAL BUDG											_
* C	ontact the GAT/	A Department for indirect cost restr	ictions.									
IS	SBE 00-00 S	State FY22 Budget (3/21)	Date	Original Signatur	e of Superintend	ent or Administrator	_	Date	Ori	iginal Signature of ISBE D		TTACHMENT 5

AΤ	TΛ	CL	I IV	IEN	IT	C
\mathbf{A}	14	ωг	IIV			r

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

Page	of
------	----

FUNCTION NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL
(1)	(2)	(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	(11)
	TOTAL								
ISBE 00 00	State FY22 Budget (3/21)				1	1		1	

AΤ	TΛ	CL	I IV	IEN	IT	C
\mathbf{A}	14	ωг	IIV			r

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

Page	of
------	----

FUNCTION NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL
(1)	(2)	(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	(11)
	TOTAL								
ISBE 00 00	State FY22 Budget (3/21)				1	1		1	

AΤ	TΛ	CL	I IV	IEN	IT	C
\mathbf{A}	14	ωг	IIV			r

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

Page of

FUNCTION NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL
(1)	(2)	(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	(11)
	TOTAL								
	State FY22 Budget (3/21)						l .		

A T-	- 4	\sim	184	-		•
AT	IΑ	u	ΠIV	11-1	N I	n

EV 2022	BUIDGET	CHMMADA	BREAKDOWN
F 1 2022	BUDGET	SUMMANI	DUEWUDOMIA

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

Page	of
------	----

FUNCTION NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL
(1)	(2)	(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	(11)
	TOTAL								
	State FY22 Budget (3/21)						l .		

AΤ	TΛ	CL	I IV	IEN	IT	C
AI	14	ωг	IIV			r

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

Page	of
------	----

FUNCTION NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL
(1)	(2)	(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	(11)
	TOTAL								
ISBE 00 00	State FY22 Budget (3/21)				1	1		1	



FY 2022 MENTAL HEALTH SERVICES TIER I AND TIER II DISTRICTS

PROGRAM-SPECIFIC TERMS OF THE GRANT

	below, as applicable to the program for which funding is requested.
1.	Subcontracting: No subcontracts or 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.
4	 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 semiannually via the IWAS system.
3	3. Evaluation: As outlined on the Program Evaluation page.
	Name of Applicant
	Original Signature of Applicant Date



FY 2022 **MENTAL HEALTH SERVICES** TIER I AND TIER II DISTRICTS

GRANT APPLICATION CERTIFICATIONS AND ASSURANCES

APPLICANT'S NAME:
The applicant/award recipient (hereinafter the term applicant includes award recipient as the context requires), hereby certifies and assures the Illinois State Board of Education that:
1. Applicant is a(n): (Check one)
☐ Individual ☐ Corporation ☐ Partnership ☐ Unincorporated association ☐ Government entity
Region/County/District/School Code or Federal Employer Identification Number, as applicable. Individuals or other entities with neither of the foregoing, include Social Security Number.
The applicant has the necessary legal authority to apply for and to receive the proposed award. The filing of this application has been authorized by the governing body of the applicant, and the undersigned representative has been duly authorized to file this application for and on behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application and any award in relation thereto.
DEFINITIONS

"Applicant" means an individual, entity or entities for which grant funds may be available and has made application to the Illinois State Board of Education for an award of such grant funds.

"Grant" means the award of funds, which are to be expended in accordance with the Grant Agreement for a particular project. The terms "grant," "award," "program," and "project" may be used interchangeably.

"Grantee" means the person, entity or entities that are to receive or have received grant funds through an award from the Illinois State Board of Education. The terms "grantee" and "award recipient" may be used interchangeably.

"Project" means the activities to be performed for which grant funds are being sought by the applicant. The terms "project" and "program" may be used interchangeably.

The capitalized word "Term" means the period of time from the project beginning date through the project ending date.

LAWS AND REGULATIONS REGARDING FEDERAL AND STATE AWARDS

The applicant acknowledges and agrees that this grant is subject to the provisions of:

2 CFR Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200 main 02.tpl

Illinois Grant Accountability and Transparency Act (GATA), 30 ILCS 708/1 et seq. http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3559&ChapterID=7

Administrative Rules for GATA, 44 III. Admin. Code Part 7000 https://ilga.gov/commission/JCAR/admincode/044/04407000sections.html

NO BINDING OBLIGATION

- 2. The applicant acknowledges and agrees that the selection of its proposal for funding, or approval to fund an application shall not be deemed to be a binding obligation of the Illinois State Board of Education until such time as a final Grant Agreement is entered into between the applicant and the Illinois State Board of Education. Prior to the execution of a final Grant Agreement, the Illinois State Board of Education may withdraw its award of funding to the applicant at any time, for any reason.
- 3. Payment under this grant is subject to passage of a sufficient appropriation by the Illinois General Assembly or sufficient appropriation by the U.S. Congress for federal programs. Obligations of the Illinois State Board of Education will cease immediately without further obligation should the agency fail to receive sufficient state, federal, or other funds for this program.

ISBE 20-13 (8/21) Page 1 of 5

PROJECT

- 4. The project proposed in the application, and as negotiated and finalized by the parties in the Grant Agreement, is hereinafter referred to as the "project." In planning the project there has been, and in establishing and carrying out the project there will be (to the extent applicable to the project), participation of persons broadly representative of the cultural and educational resources of the area to be served, including persons representative of the interests of potential beneficiaries.
- 5. Applicants may be asked to clarify certain aspects of their proposals/applications or proposed amendments prior to final agreement on the terms of the project or amendment.
- 6. All funds provided shall be used solely for the purposes stated in the approved proposal/application, as finalized in the Grant Agreement.
- 7. The project will be administered by or under the supervision of the applicant and in accordance with the laws and regulations applicable to the grant. The applicant will be responsible for and obtain all necessary permits, licenses, or consent forms as may be required to implement the project.

FUNDING

- 8. All funds provided will be used solely for the purposes stated in the approved proposal/application, as finalized in the Grant Agreement, in accordance with applicable federal and state statutes, regulations, administrative rules, and terms and conditions of the grant.
- 9. The applicant may not count tuition and fees collected from students towards meeting matching, cost sharing, or maintenance of effort requirements of a program, pursuant to 34 CFR 76.534.
- 10. The applicant will maintain records for three years following competition of the activities for which the applicant uses the federal or state funding, pursuant to 2 CFR 200.333.
- 11. If real property or structures are provided or improved with the aid of federal financial assistance, the applicant will comply with applicable statutes, regulations, and the project application in the use, encumbrance, transfer, or sale of such property or structure. If personal property is so provided, the applicant will comply with applicable statutes, regulations, and the project application in the use, encumbrance, transfer, disposal, and sale of such.
- 12. The applicant will have effective financial management systems which conform to the standards present in 2 CFR 200.302, which includes, but is not limited to, the ability to report financial data verifying compliance with program regulations and maintaining effective internal control over the operations of the approved grant.
- 13. The applicant will conform all activities conducted under the approved grant to the provisions contained within 2 CFR Part 200
- 14. All expenditures claimed in relation to a grant are subject to applicable federal and state laws, regulations, and administrative rules. Expenditures claimed in relation to an award are subject to cost allowability standards, as defined by the grant program and 2 CFR Part 200, and other applicable federal and state laws, regulations, and administrative rules. Failure to adhere to these requirements will lead to disallowed expenditures for which funds must be returned.
- 15. Adequacy tier designation under Evidence-Based Funding will be utilized by ISBE at its discretion pursuant to applicable law and agency policy (105 ILCS 5/18-8.15).
- 16. The applicant will accept funds in accordance with applicable federal and state statutes, regulations, administrative rules, and terms and conditions of the award, and administer the programs in compliance with all provisions of such statutes, regulations, administrative rules, terms and conditions of the award, and amendments thereto.
- 17. Failure of applicant to comply with state and federal statutes, regulations, administrative rules, or the terms and conditions of the award may result in conditions placed on grantee, including, but not limited to, involuntary termination of a grant at the discretion of the Illinois State Board of Education, in whole or in part, in accordance with federal and state law and regulations.

ISBE 20-13 (8/21) Page 2 of 5

GENERAL CERTIFICATIONS AND ASSURANCES

- 18. The applicant will obey all applicable state and federal laws, regulations, and executive orders, including without limitation: those regarding the confidentiality of student records, such as the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. 1232g) and the Illinois School Student Records Act (ISSRA) (105 ILCS 10/1 et seq.); those prohibiting discrimination on the basis of race, color, national origin, sex, age, or handicap, such as Title IX of the Amendments of 1972 (20 U.S.C. 1681 et seq.) and 34 CFR part 106, the Illinois Human Rights Act (775 ILCS 5/1-101 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and 34 CFR part 104, the Age Discrimination in Employment Act of 1967 (29 U.S.C. 621 et seq.), the Age Discrimination Act (42 U.S.C. 6101 et seq.) and 34 CFR part 110, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq., 2000e et seq.) and 34 CFR part 100, the Public Works Employment Discrimination Act (775 ILCS 10/0.01 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.); and the Illinois School Code (105 ILCS 5/1-1 et seq.). Further, no award recipient shall deny access to the program funded under the grant to students who lack documentation of their immigration status or legal presence in the United States (Plyler v. Doe, 457 U.S. 202, 102 S.Ct. 2382 (1982)).
- 19. The applicant certifies it has informed the State Superintendent of Education in writing if any employee of the applicant/grantee was formerly employed by the Illinois State Board of Education and has received an early retirement incentive under 40 ILCS 5/14-108.3 or 40 ILCS 5/16-133.3 (Illinois Pension Code). The applicant acknowledges and agrees that if such early retirement incentive was received, the Grant Agreement is not valid unless the official executing the agreement has made the appropriate filing with the Auditor General prior to execution.
- 20. The applicant shall notify the State Superintendent of Education if the applicant solicits or intends to solicit for employment any of the Illinois State Board of Education's employees during any part of the application process or during the Term of the Grant Agreement.
- 21. The applicant is not barred from entering into this contract by Sections 33E-3 and 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33E-3, 33E-4). Sections 33E-3 and 33E-4 prohibit the receipt of a state contract by a contractor who has been convicted of bidrigging or bid-rotating.
- 22. If the applicant is an individual, the applicant is not in default on an educational loan as provided in 5 ILCS 385/3.
- 23. The applicant certifies it does not pay dues or fees on behalf of its employees or agents or subsidize or otherwise reimburse them for payment of their dues or fees to any club which unlawfully discriminates (775 ILCS 25/1).
- 24. The applicant certifies that it is (a) current as to the filing and payment of any applicable federal, state and/or local taxes; and (b) not delinquent in its payment of moneys owed to any federal, state, or local unit of government.
- 25. Any applicant not subject to Section 10-21.9 of the School Code certifies that a fingerprint-based criminal history records check through the Illinois State Police and a check of the Statewide Sex Offender Database will be performed for all its employees, b) volunteers, and c) all employees of persons or firms holding contracts with the applicant/grantee, who have direct contact with children receiving services under the grant; and such applicant shall not a) employ individuals, b) allow individuals to volunteer, or c) enter into a contract with a person or firm who employs individuals, who will have direct contact with children receiving services under the grant who have been convicted of any offense identified in subsection (c) of Section 10-21.9 of the School Code (105 ILCS 5/10-21.9(c)) or have been found to be the perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987 (705 ILCS 405/2-1 et seq.).
- 26. The applicant hereby assures that when purchasing core instructional print materials published after July 19, 2006, the applicant/ grantee will ensure that all such purchases are made from publishers who comply with the requirements of 105 ILCS 5/28-21 which instructs the publisher to send (at no additional cost) to the National Instructional Materials Access Center (NIMAC) electronic files containing the contents of the print instructional materials using the National Instructional Materials Accessibility Standard (NIMAS), on or before delivery of the print instructional materials. This does not preclude a grantee school district from purchasing or obtaining accessible materials directly from the publisher.
- 27. The applicant certifies that notwithstanding any other provision of the application, proposal, or Grant Agreement, grant funds shall not be used and will not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization.

Page 3 of 5

JOINT APPLICATIONS - ADMINISTRATIVE AND/OR FISCAL AGENT

- 28. Applicants/grantees participating in a joint application hereby certify that they are individually and jointly responsible to the Illinois State Board of Education and to the administrative and fiscal agent under the grant. An applicant/grantee that is a party to the joint application and is a legal entity, or a Regional Office of Education may serve as the administrative and/or fiscal agent under the grant.
- 29. The entity acting as the fiscal agent certifies that it is responsible to the applicant/grantee or, in the case of a joint application, to each applicant/grantee that is a party to the application; it is the agent designated and responsible for reports and for receiving and administering funds; and it will:
 - (a) Obtain fully executed Grant Application Certifications and Assurances forms from each entity or individual participating in the grant and return the forms to ISBE prior to award of the grant;
 - (b) Maintain separate accounts and ledgers for the project;
 - (c) Provide a proper accounting of all revenue from the Illinois State Board of Education for the project;
 - (d) Properly post all expenditures made on behalf of the project;
 - (e) Be responsible for the accountability, documentation and cash management of the project, the approval and payment of all expenses, obligations, and contracts and hiring of personnel on behalf of the project in accordance with the Grant Agreement;
 - (f) Disburse all funds to joint applicants/grantees based on information (payment schedules) from joint applicants/grantees showing anticipated cash needs in each month of operation (The composite payment schedule submitted to ISBE should reflect monthly cash needs for the fiscal agent and the joint applicants/ grantees.);
 - (g) Require joint applicants/grantees to report expenditures to the fiscal agent based on actual expenditures/obligation data and documentation. Reports submitted to the Illinois State Board of Education should reflect actual expenditure/obligations for the fiscal agent and the data obtained from the joint applicants/grantees on actual expenditures/obligations that occur within project beginning and ending dates;
 - (h) Be accountable for interest income earned on excess cash on hand by all parties to the grant and return applicable interest earned on advances to the Illinois State Board of Education:
 - (i) Make financial records available to outside auditors and Illinois State Board of Education personnel, as requested by the Illinois State Board of Education;
 - (j) Have a recovery process in place with all joint applicants/grantees for collection of any funds to be returned to the Illinois State Board of Education.

DRUG-FREE WORKPLACE CERTIFICATION

30. This certification is required by the Drug-Free Workplace Act (30 ILCS 580/1). The Drug-Free Workplace Act, effective January 1, 1992, requires that no grantee or contractor shall receive a grant or be considered for the purposes of being awarded a contract for the procurement of any property or services from the State unless that grantee or contractor has certified to the State that the grantee or contractor will provide a drug-free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of the contract or grant, and debarment of contracting or grant opportunities with the State of Illinois for at least one (1) year but not more than five (5) years.

For the purpose of this certification, "applicant," "grantee," or "contractor" means a corporation, partnership, or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division, or other unit thereof, directly responsible for the specific performance under a contract or grant of \$5,000 or more from the State.

ISBE 20-13 (8/21) Page 4 of 5

The applicant certifies and agrees that it will provide a drug-free workplace by:

- (a) Publishing a statement:
 - (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace
 - (2) Specifying the actions that will be taken against employees for violations of such prohibition.
 - (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will
 - (A) Abide by the terms of the statement; and
 - (B) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction.
- (b) Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's or contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon an employee for drug violations.
- (c) Providing a copy of the statement required by subsection (a) to each employee engaged in the performance of the contract or grant and posting the statement in a prominent place in the workplace.
- (d) Notifying the contracting or granting agency within ten (10) calendar days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
- (e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by section 5 of the Drug-Free Workplace Act.
- (f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation are required and indicating that a trained referral team is in place.
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of the Drug-Free Workplace Act.
- 31. The applicant represents and warrants that all of the certifications and assurances set forth herein, in the application, all attachments, and the Grant Agreement are and shall remain true and correct through the Term of the grant. During the Term of the grant, the award recipient shall provide the Illinois State Board of Education with notice of any change in circumstances affecting the certifications and assurances within ten (10) calendar days of the change. Failure to maintain all certifications and assurances or provide the required notice will result in the Illinois State Board of Education withholding future project funding until the award recipient provides documentation evidencing that the award recipient has returned to compliance with this provision, as determined by the Illinois State Board of Education.

The undersigned affirms, under penalties of perjury, that he or she is authorized to execute the above Certifications and Assurances on behalf of the applicant. Further, the undersigned certifies under oath that all information contained herein is true and correct to the best of his or her knowledge, information and belief, that grant funds shall be used only for the purposes described in this agreement, and that the award of this grant is conditioned upon this certification.

Original Signature of Authorized Official	Title	Date
Name of Authorized Official (Townson Drief)		
Name of Authorized Official (Type or Print)		

ISBE 20-13 (8/21) Page 5 of 5