



# Illinois State Board of Education

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 <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	586-18-0520
6.	CSFA Title	Early Childhood Block 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	23-3705-01
12.	Funding Opportunity Title	Early Childhood Block Grant - Prevention Initiative for Birth to Age 3 Years
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)	
<b>Applicant's Organizational Unit</b>		
22.	Department Name	
23.	Division Name	
<b>Applicant's Name and Contact Information for Person to be Contacted for <i>Program</i> Matters involving this Application</b>		
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	
<b>Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application</b>		
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	



# Illinois State Board of Education

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

ATTACHMENT 2

FY 2024  
PREVENTION INITIATIVE BIRTH TO THREE

## APPLICANT OVERVIEW

**DIRECTIONS:** Complete the following Proposal information for the designated administrative agent. Include information specific to this application only.

### PROPOSED PREVENTION INITIATIVE BIRTH TO THREE PROGRAM INFORMATION

Complete all that apply. Do not duplicate children between the PI Programs.

	Pregnant Women to Be Served*	Children to Be Served*	Dollar Amount of Application	Cost per child in this Application
	<i>To be served at any point in time (Case Load)</i>	<i>To be served at any point in time (Case Load or Classroom)</i>		<i>(Dollar amount of proposal divided by Number of children served.)</i>
<input type="checkbox"/> Home Visiting PI Program	_____	_____	_____	_____
<input type="checkbox"/> Child Care Center-Based PI Program	_____	_____	_____	_____

\* Pregnant women and children should not be duplicant counts.

Will children in center-based services in this application be in a:

- ☐ Half Day Sessions  
☐ Full Day Sessions

What setting will the children in this application be served:

- ☐ Classroom  
☐ Family Child Care Homes  
☐ Home Visiting (Evidence-based)

What other funding do you receive to support the children in this application:

- ☐ Child Care Assistance Program (CCAP) ☐ Maternal Infant Early Childhood Home Visiting (MIECHV)  
☐ Early Head Start (EHS) ☐ Other \_\_\_\_\_  
☐ Illinois Department of Human Services (IDHS)

TYPE OF AGENCY (Check only)

- ☐ School District ☐ Child Care Center – Not-for-Profit DCFS License No. \_\_\_\_\_  
☐ Regional Office of Education ☐ Child Care Center – For-Profit DCFS License No. \_\_\_\_\_  
☐ Higher Education ☐ Faith – Based Organization  
☐ Community – Based Organization ☐ Other \_\_\_\_\_

**PROGRAM MODEL FOR PARENT EDUCATION HOME VISITING**

- ☐ Baby TALK
 ☐ Parents as Teachers
 ☐ Nurse Family Partnership
- ☐ Early Head Start
 ☐ Healthy Families America
 ☐ Other: \_\_\_\_\_

**SUPPLEMENTAL SERVICES HOME VISITING OR CHILD CARE CENTER-BASED**

- ☐ Doula Services
 ☐ Touchpoints™
 ☐ Other: \_\_\_\_\_
- ☐ Fussy Baby Network®
 ☐ Abriendo Puertas/Opening Doors

Is this application written by an external grant writer (not employed by applicant)?

☐ Yes ☐ No

**(Check one)** ☐ Agency Staff ☐ Independent Contractor

**Grant Writer**

**Superintendent/Authorized Agency Official**

\_\_\_\_\_  
*Typed Name of Grant Writer*

\_\_\_\_\_  
*Typed Name of Superintendent or Authorized Agency Official*

\_\_\_\_\_  
**Signature of Grant Writer**

\_\_\_\_\_  
**Signature of Superintendent or Authorized Agency Official**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*



# Illinois State Board of Education

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ATTACHMENT 3

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FY 2024  
PREVENTION INITIATIVE BIRTH TO THREE

## JOINT APPLICATION

*All joint recipients for funding must complete the joint application form.*

Number of districts  
in Joint Application \_\_\_\_

**DIRECTIONS:** If joint application, enter below the information requested for the participating school districts/entities.

SCHOOL DISTRICT/ENTITY		NAME AND SIGNATURE OF AUTHORIZED OFFICIAL
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official



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FY 2024  
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## JOINT APPLICATION

**DIRECTIONS:** If joint application, enter below the information requested for the participating school districts/entities.

SCHOOL DISTRICT/ENTITY		NAME AND SIGNATURE OF AUTHORIZED OFFICIAL
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official
REGION, COUNTY, DISTRICT, TYPE CODE		NAME OF AUTHORIZED OFFICIAL
DISTRICT NAME AND NUMBER <b>OR</b> AGENCY/ENTITY NAME		
CITY	COUNTY	<hr/> <i>Original</i> Signature of Authorized Official



Illinois  
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PREVENTION INITIATIVE BIRTH TO THREE

PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 1 in the Program Narrative section of the RFP.





**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 2 in the Program Narrative section of the RFP.



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**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 3 in the Program Narrative section of the RFP.



**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 4 in the Program Narrative section of the RFP.



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**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 5 in the Program Narrative section of the RFP.



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PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 6 in the Program Narrative section of the RFP.



**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 7 in the Program Narrative section of the RFP.



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PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 8 in the Program Narrative section of the RFP.



**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 9 in the Program Narrative section of the RFP.





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**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 10 in the Program Narrative section of the RFP.



**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 11 in the Program Narrative section of the RFP.



**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 12 in the Program Narrative section of the RFP.



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**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 13 in the Program Narrative section of the RFP.



PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 14 in the Program Narrative section of the RFP.



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PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 15 in the Program Narrative section of the RFP.



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**PROGRAM NARRATIVE, OBJECTIVES AND ACTIVITIES**

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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**Directions:** Address question 16 in the Program Narrative section of the RFP.



# Illinois State Board of Education

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ATTACHMENT 5

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FY 2024  
PREVENTION INITIATIVE BIRTH TO THREE

## SITE INFORMATION

APPLICANT NAME (District Name and Number, if applicable)		REGION, COUNTY, DISTRICT, TYPE CODE
<b>Enter below the information requested for all proposed sites. ALL applicants must complete this section for all proposed sites. See the FY 24 ECBG Priority list linked in the RFP to complete this page.</b>		
PROPOSED SITE LOCATION INFORMATION		SITE PROGRAMMING INFORMATION
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SITE		Attendance Days per Year _____
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
CITY	COUNTY	Program Hours per day _____
		FTE Staff at this Site _____
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SITE		Attendance Days per Year _____
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
CITY	COUNTY	Program Hours per day _____
		FTE Staff at this Site _____
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SITE		Attendance Days per Year _____
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
CITY	COUNTY	Program Hours per day _____
		FTE Staff at this Site _____
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SITE		Attendance Days per Year _____
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
CITY	COUNTY	Program Hours per day _____
		FTE Staff at this Site _____
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SITE		Attendance Days per Year _____
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
CITY	COUNTY	Program Hours per day _____
		FTE Staff at this Site _____
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SITE		Attendance Days per Year _____
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
CITY	COUNTY	Program Hours per day _____
		FTE Staff at this Site _____
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SITE		Attendance Days per Year _____
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
CITY	COUNTY	Program Hours per day _____
		FTE Staff at this Site _____
DISTRICT IN WHICH THIS SITE IS LOCATED		Is this proposed site located in an early childhood desert? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF SITE		Attendance Days per Year _____
		Attendance Days of the Week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
CITY	COUNTY	Program Hours per day _____
		FTE Staff at this Site _____





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EVALUATION DESIGN

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

**Directions:** Address question 17 in the Program Narrative section of the RFP.



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EVALUATION DESIGN

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

**Directions:** Address question 18 in the Program Narrative section of the RFP.

☒ Initial Budget

☐ Revised Initial Budget

☐ Amendment No. \_\_\_\_\_

☐ Multi-district Application

FISCAL YEAR <b>24</b>	SOURCE OF FUNDS CODE <b>3705-01</b>	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)	

ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Department  
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FY 2024 PREVENTION INITIATIVE BIRTH TO THREE  
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:  
☐ 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

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										

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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									

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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									

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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									

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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)
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TOTAL									