EGMS HOME

SESSION TIMEOUT

eGMS - Grants Application

TAOEP PD RFP ✓

59:53

| Overview General Applicant Information Information Page | AmendmentsProgramCostBudgetAssuranceSubmitApplicationPageLockApplicationSSharingPagesPagesSubmitSubmitHistoryControlPrint |
|---|--|
| Program Overview | |
| Funding Opportunity Information: | 2026-3695-PD Truants' Alternative and Optional Education Program Professional Development Request for Proposal |
| Program: | Truants' Alternative and Optional Education Program (TAOEP) Professional Development - Request for Proposal (RFP) |
| Purpose: | The program is designed to provide a digital curriculum for enrolled TAOEP students; professional development for program staff; technical assistance for program implementation and use of the digital curriculum; electronic statewide network services, including a program website and listserv; and program evaluation services. |
| CSFA Number: | 586-13-0542 |
| CSFA Title: | Truants' Alternative and Optional Education Program (State) |
| Program Type: | State Competitive Grant |
| Eligible Applicants: | Public school districts, Regional Offices of Education, community college districts, public university laboratory schools approved by the Illinois State Board of Education (ISBE), state-authorized charter schools, and area vocational centers are eligible to apply. Joint applications for funds may be submitted. However, in each case, an administrative agent must be designated, and the joint proposal must have the signature of each superintendent or an authorized official to submit the proposal. |
| GATA Note: | The State of Illinois Grant Accountability and Transparency Act (GATA) requires applicants to complete prequalification requirements before applying for any grant. This includes completion of the Grantee Registration and prequalification process through the Illinois GATA Web Portal. |
| | www2.illinois.gov/sites/GATA/grantee/pages/default.aspx |
| | Grant applications must be submitted by the application deadline indicated in this NOFO/RFP. Applicants are advised to complete the prequalification requirements well in advance of the NOFO/RFP deadline. |
| | Successful grant applicants will be required to complete an FY 2026 Fiscal and Administrative Risk Assessment in the form of an Internal Controls Questionnaire (ICQ) available through the GATA Web Portal, an FY 2026 Organizational Risk Assessment through the ISBE Web Application Security (IWAS) system, and the FY 2026 Programmatic Risk Assessment that is found within the electronic Grant Management System budget. Grant awards will not be executed until the FY 2026 ICQ, Organizational Risk Assessment, and Programmatic Risk Assessment are completed. |
| System for Award Management (SAM): | Each applicant (unless the applicant is an individual or federal or state awarding agency that is exempt from those requirements under 2 CFR § $25.110(b)$ or (c), or has an exception approved by the federal or state awarding agency under 2 CFR § $25.110(d)$) is required to: |
| | (i) Be registered in SAM before submitting its application; <u>https://www.sam.gov/SAM/</u> (ii) Continue to maintain an active SAM registration with current information at all times during which it has an active state award or an application or plan under consideration by a federal or state awarding agency. ISBE may not consider an application for a state award to an applicant until the applicant has complied with all applicable SAM requirements. |
| Code of Federal Regulations / Title 2 - Grants and Agreements / Vol. 1 / 2014-01-01192: | Guidance is found at <u>https://www.govinfo.gov/content/pkg/CFR-2013-title2-vol1/pdf/CFR-2013-title2-vol1.pdf</u> . |
| GATA Requirements: | Grant Accountability and Transparency Act (GATA) website GATA Legislation |
| | GATA Rules |
| Merit-Based Review and Selection Process for Competitive Grants: | ISBE is required to design and execute a merit-based review and selection process for applications. This process is incorporated by reference in all applicable funding opportunities. Applicants are advised to refer to the ISBE Merit-Based Review Policy. <u>https://www.isbe.net/Documents/Merit_Based_Review_Policy.pdf</u> |
| Grant Award/Cost Sharing or Matching: | The total amount of grant funding will not exceed \$200,000. There is no matching requirement for this grant. |
| Grant Period: | The grant period will begin no sooner than July 1, 2025, and will extend from the execution date of the grant until June 30, 2026. Successful applicants may reapply via continuing application for up to two additional years. Funding in the subsequent years will be contingent upon compliance with federal and state law, state grant-making rules, passage of sufficient appropriations for the program, |

| | and satisfactory performance in the preceding grant period. No promise or undertaking made in this NOFO/RFP is an assurance that a grant agreement will be renewed, nor does this NOFO/RFP create any right to or expectation of renewal. |
|-------------------------------|--|
| Submission Date and Time: | PROPOSALS MUST BE SUBMITTED ELECTRONICALLY BY 4:00 P.M. ON MONDAY, JUNE 9, 2025. |
| | Late proposals will not be accepted. |
| Electronic Submission: | Proposals will be submitted electronically through IWAS. Each application must be submitted by logging into IWAS and completing an eGMS application. Instructions are located on each page of the grant application. Please submit using the Truants' Alternative and Optional Education Program (TAOEP) RFP application. Completed proposals must include completed pages in the application and all required supporting documents uploaded into the grant. If you have questions related to access to IWAS, please contact the Help Desk at (217) 558-3600 Option 3 or email to the help link below. Electronic applications will be accepted no later than 4:00 p.m. on June 9, 2025. |
| | <u>help@isbe.net</u> |
| Grant Award Notice: | It is anticipated that successful applicants will receive a Notice of Award via email approximately 90 days after the application deadline. The award letter is NOT an authorization to begin performance or expenditures. After the merit-based appeal timeframe has ended, awardees will receive additional information from the program area that includes the next steps for finalizing the grant. Monies spent prior to programmatic approval are done so at the applicant's own risk. |
| | For awarded grantees, additional GATA pages will be required after you receive your preliminary approval. |
| Technical Assistance Session: | A technical assistance session will be held via webinar from 2:00-3:00 p.m. on Tuesday, May 6, 2025. Registration information can be found at the link below. Attendance is NOT required. |
| | https://attendee.gotowebinar.com/register/2427587980385418843 |
| Changes to NOFO/RFP: | ISBE will post any changes made to the NOFO/RFP prior to Monday, June 2, 2025. Applicants are advised to check the site before submitting a proposal. |
| | https://www.isbe.net/Pages/Request-for-Proposals.aspx |
| Agency Contact: | For more information on this NOFO/RFP, contact Brian Houser at (217) 785-9998 or <u>bhouser@isbe.net</u> |
| | All questions asked concerning this NOFO/RFP will be responded to in a Frequently Asked Questions document found at the link below so that all respondents can see all questions and the responses to the questions. Changes to the FAQ will not be made after Monday, June 2, 2025. Applicants are advised to check the site before submitting a proposal. |
| | <u>https://www.isbe.net/Pages/Special-Education-Truants-Alternative-and-Optional-Education-</u> <u>Program.aspx</u> |
| Legislation: | Truants' Alternative and Optional Education Program Legislation (105 ILCS 5/2-3.66) |
| Funding Note: | Payment under this grant is subject to passage of a sufficient appropriation by the General Assembly for the program. Obligations of the State Board of Education will cease immediately without further obligation should the agency fail to receive sufficient funds (i.e., state, federal or other) for this program. |
| Fiscal Information: | Part 100 - Requirements for Accounting, Budgeting, Financial Reporting, and Auditing |
| | State and Federal Grant Administration Policy, Fiscal Requirements, and Procedures (includes Function and Object Code descriptions) |
| Performance Reports: | Programmatic reporting should be completed at a minimum of annually via the IWAS system. Additional reporting requirements may be required, as determined by the applicant's risk assessment. |
| Expenditure Reports: | Expenditure reports should be completed at a minimum of quarterly via the IWAS system. A final cumulative expenditure report for all expenditures will be due no later than 90 days after the grant end date. |
| | |

EGMS HOME | ISBE HOME | LOGOUT

eGMS - Grants Application

County: State of IL

SESSION TIMEOUT 59:53

TAOEP PD RFP 🗸

Printer-Friendly Click to Return to Application Select

| Overview General Information | Applicant Information Pag | es Amendments | Program Specific | <u>Cost</u> Sharing | <u>Budget</u> <u>Pages</u> | Assurance Pages | Submit | Application History | Page Lock Control | Application Print |
|---|------------------------------|---------------|------------------------|------------------------|-------------------------------|------------------------------|----------|------------------------------|----------------------|----------------------------------|
| Program Background ar | | | Program on and Obje | <u>ectives</u> | | <u>Funding</u> Informatio | <u>n</u> | <u>Reportin</u> Requireme | | <u>Review</u> <u>Criteria</u> |
| Program Background and History | | | | | | | | | | |
| Section 5/2-3.66 of the School Code (105 ILCS 5/2-3.66) authorizes ISBE to provide grants for the establishment of TAOEP. State funds have been appropriated by the General Assembly since 1986 to provide grants to eligible entities for the purpose of establishing dropout prevention programs. Each year ISBE awards TAOEP grants serving approximately 26,000 students statewide. Historically, these services to the grantees have included the provision of a digital curriculum for enrolled students; professional development for program staff; technical assistance for program implementation and use of the digital curriculum; electronic statewide network services, including a program website and listserv; and program evaluation services. The successful applicant is responsible for and must address each of the required objectives of the grant to support the TAOEP grantees. | | | | | | | | | | |

EGMS HOME | ISBE HOME | LOGOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:44

Printer-Friendly Click to Return to Application Select

| <u>Overview</u> | <u>General</u> Information | <u>Applicant</u> Information Pages | Amendments | Program Specific | <u>Cost</u> <u>Sharing</u> | Budget Pages | Assurance Pages | <u>Submit</u> | Application History | Page Lock Control | Application Print | |
|--|---|---------------------------------------|--------------------|------------------------|-------------------------------|-----------------|-------------------------------|---------------|-------------------------------------|----------------------|----------------------------------|--|
| Ba | Program ackground and | | - | Program on and Obje | <u>ectives</u> | | <u>Funding</u> Information | <u>n</u> | <u>Reportin</u> <u>Requireme</u> | | <u>Review</u> <u>Criteria</u> | |
| Program | Description a | and Objectives | | | | | | | | | | |
| Program | Program Purpose | | | | | | | | | | | |
| | | ovide online curriculu | m to students a | nd professi | onal develo | opment ac | tivities for sta | aff in TAO | EP programs s | statewide. | | |
| 2 | Description | | | | | | | | | | | |
| The program is designed to serve students with attendance problems and/or dropouts up to and including those who are 21 years of age and to provide truancy prevention and intervention services to students and their parents and/or serve as part-time or full-time options to regular school attendance. These services can help students remain on track to graduate from high school ready for college and career. Professional development opportunities are provided for program staff. | | | | | | | | | | | | |
| Program | Objectives | | | | | | | | | | | |
| | | Support the work of | 5 | | | | | | | | | |
| • Staff req • technica | luirements – H I assistance. | lave qualified and exp | perienced staff to | o provide p | rofessional | developn | nent opportur | nities, neg | gotiate contrac | cts, and provi | de | |
| | | egotiate and execute | | | | | | | | | | |
| Profession year. | onal developme | ent – Provide technic | al assistance and | d professio | nal develop | oment to T | FAOEP person | inel in TA | OEP programs | funded each | | |
| | Evaluation – Conduct professional development based upon a needs assessment, report the use of digital curriculum, and complete mid-year and end-of-year reports regarding grant activities. | | | | | | | | | | | |
| Performa | erformance Measures | | | | | | | | | | | |

- Online curriculum will be available for 100% of students enrolled in TAOEP for the 2025-26 grant period.
- Professional development activities will be available to 100% of TAOEP staff for the 2025-26 grant period.

Targets

- Project coordination and communication will occur on a regular basis with ISBE personnel.
- Qualified and experienced staff will provide professional development opportunities and technical assistance.
- Professional development activities for TAOEP grantees will be started and/or completed.
- Digital curriculum will be provided to TAOEP students, with quarterly usage data being reported.
- An evaluation of professional development opportunities and needs assessment of TAOEP programs will be started and/or completed.

Performance Standards

- A minimum of 1,500 online curriculum licenses will be purchased.
- Sixty percent of TAOEP students will have access to online curriculum.
- Sixty percent of TAOEP staff will have access to professional development activities.

Deliverables and/or Milestones

- Online curriculum will be available for all students enrolled in TAOEP.
- Professional development activities will be available to all TAOEP staff.
- Mid-year and end-of-year reports are required for the current year's program. These reports will document the services provided and describe the degree to which the grantee achieves its stated objectives. Report will be submitted in a Word document via email.

EGMS HOME | ISBE HOME | LOGOUT

eGMS - Grants Application

County: State of IL

SESSION 59:57

TAOEP PD RFP 🗸

Printer-Friendly Click to Return to Application Select

| Overview | General | <u>Applicant</u> | | Amendments | Program | Cost | Budget | | Submit | Application | Page Lock | |
|--|---------------------------------|---|------------|----------------------|----------------------------|----------------|-----------|-------------------|------------|----------------------|----------------|----------|
| | Information Program | Information Page | <u>jes</u> | | <u>Specific</u> Program | <u>Sharing</u> | Pages | Pages Funding | | History Reporting | <u>Control</u> | Review |
| E | Background and | | | - | n and Obje | ectives | | Information | <u>1</u> | Requireme | | Criteria |
| Funding | Information | | | ; | | | | | | | | |
| | | ling for the first y Il period, continge | | | | | | | | | | |
| See the G | Grant Award/Ma | tching section on | the | Overview page | for more ir | formation | | | | | | |
| Cost Sharing or Matching: | | | | | | | | | | | | |
| Cost sharing or matching is not required for this grant. | | | | | | | | | | | | |
| Indirect | Cost Rate: | | | | | | | | | | | |
| | | lance at 2 CFR 20 reimbursement ra | | | | | | | direct cos | st reimburseme | ents based o | 'n |
| Local Edu | cation Agencies | <u>s (LEAs)</u> | | | | | | | | | | |
| Local Education Agencies (LEAs) LEA indirect cost rates are developed in accordance with a delegation of authority agreement between ISBE and the U.S. Department of Education (ED). The plan includes both a restricted and unrestricted rate for each individual LEA. Both the restricted and unrestricted LEA rates are published on the ISBE website. The current fiscal year rates are available at the link below. In the past, only the restricted rate was allowed when budgeting indirect cost reimbursements. | | | | | | | | | | | as | |
| https:// | www.isbe.net/F | Pages/Indirect-Co | st-R | <u>ate-Plan.aspx</u> | | | | | | | | |
| | ive the ability to ed by ED. | o seek indirect co | st re | imbursement at | the publis | hed unrest | ricted ra | ate for any pro | gram oth | er than those i | dentified as | |
| and gov | vernmental entit | ROEs, Intermedi ties formed by a priate, depending | joint | agreement amo | | | | | | | | |
| | | nister federal prog gram as appropri | | | | ved unrest | ricted or | r restricted indi | rect cost | rates for the a | dministrativ | e |
| Non-LEAs | <u>i</u> | | | | | | | | | | | |
| universi | | n unrestricted inc shall utilize rates e option to: | | , | | , | , | | 5 | , | , | |
| - Select | t the 15 percent | t de minimis rate | | | | | | | | | | |
| - Subm | it documentatio | on supporting a ra | ate d | etermined throu | igh negotia | ation with t | heir fed | eral cognizant | agency. | | | |
| - Negot | iate a rate. | | | | | | | | | | | |
| Non-LE | A, non-universit | ty grantees may i | nitia | te the unrestric | ed indirect | t cost rate | negotiat | ion process thr | ough the | e GATA grantee | portal at | |
| | grants.illinois.g | | | | | | | | | | | |
| | | quiring the use of s shall utilize the | | | | | | | /faith-ba | ised organizatio | ons, and oth | er |
| - | | ities will be limite ency, whichever is | | | | • | ercent or | r other indirect | cost rate | e calculated by | their | |
| | | scal Support Serv ection of Busines | | | | | | | | | | |
| Funding | Restrictions: | | | | | | | | | | | |

https://appsqa.isbe.net/eGrant_Web/ApplicationShell.aspx?DisplayName=Funding Information

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST. Monday - Friday or Click here to Contact Us

This is an UNRESTRICTED indirect cost rate program. Colleges and universities will be limited to a maximum indirect cost rate of eight percent or other indirect cost rate calculated by their cognizant federal agency, whichever is less, for grants administered by ISBE.

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:58

Printer-Friendly Click to Return to Application Select

| Overview | <u>General</u> Information | <u>Applicant</u> Information Page | <u>s</u> <u>Amendments</u> | Program Specific | <u>Cost</u> Sharing | Budget Pages | Assurance Pages | Submit | Application History | Page Lock Control | Application Print |
|-----------|---|--------------------------------------|----------------------------|------------------------|------------------------|-----------------|------------------------------|----------|-------------------------------------|----------------------|----------------------------------|
| Ba | Program ackground and | | | Program on and Obje | <u>ectives</u> | | <u>Funding</u> Informatio | <u>n</u> | <u>Reportin</u> <u>Requireme</u> | | <u>Review</u> <u>Criteria</u> |
| Reporting | Reporting Requirements | | | | | | | | | | |
| | Reporting Requirements Minimum reporting includes: | | | | | | | | | | |
| | 1 5 | expenditure report | s and a final comp | letion repo | rt are requ | iired. | | | | | |
| | Periodic programmatic performance reporting are required through the Grant Periodic Reporting System in IWAS. The mid-year reporting must be submitted within 30 days after the end of the semester. | | | | | | | | | | |
| | The init-year reporting must be submitted within 30 days after the end of the seniester. The end-of-year report must be submitted no later than 30 days after the end of the grant period. | | | | | | | | | | |

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST. Mondav - Fridav or Click here to Contact Us

EGMS HOME | ISBE HOME | LOGOUT

eGMS - Grants Application

County: State of IL

SESSION TIMEOUT 59:57

TAOEP PD RFP 🗸

| <u>Overview</u> | <u>Genera</u> Informat | | | | | | | | Application <u>History</u> | Page Loc Control | k <u>Application</u> <u>Print</u> | |
|--|--|---|---|------------------------|---------------------------|-------------|-------------------------|-------------|-------------------------------|--|--------------------------------------|--|
| Ba | | <u>gram</u> | | Program on and Obje | ativaa | | Funding | _ | <u>Reporti</u> | | <u>Review</u> | |
| <u>Dc</u> | <u>ackground</u> | and History | Descriptio | | ectives | | <u>Informatio</u> | | <u>Requirem</u> | | <u>Criteria</u> | |
| Review C | riteria | | | | | | | | | | | |
| Review a | nd Select | ion Process: | | | | | | | | | | |
| The selecti | ion of the | grantees will be base | ed upon the overall q | uality of th | e applicati | on. The so | oring is base | ed upon th | e following c | riteria: | | |
| sufficien | it need for | s the identification of the program/service | es, as evidenced by t | he number | or propor | tion of stu | dents identif | ied as elig | | | | |
| | • Capacity is defined as the ability of an entity to execute the grant project according to the project requirements. | | | | | | | | | | | |
| • Quality is defined as the totality of features and characteristics of a service, project, or product that indicate its ability to satisfy the requirements of the grant program. | | | | | | | | | | | | |
| • Criteria and indicators for identifying students who are eligible for the program are clearly established and likely to target those students most in need of services. | | | | | | | | | | | | |
| Program program | | es and activities are v | vell-defined, linked to | o identified | needs, an | d likely to | lead to impr | oved outc | omes for the | students se | rved in the | |
| | - | st-effective, as evide | , , | • | | | | | | | • | |
| proposa | • The evaluation strategies will effectively gauge the success of the program and yield sufficient data that can be used to improve the program. The proposal demonstrates strategies, other than those routinely offered by the regular school program, that will be effective in decreasing the dropout rate and increasing school attendance. These overall criteria are built into the scoring rubric below. | | | | | | | | | | | |
| Scoring P | Procedure | es | | | | | | | | | | |
| Scoring is statement | Scoring Procedures Scoring is based upon the level of detail provided to reflect the overall quality of the application. The scoring table below is applied to each statement within the six categories, with a maximum of five points awarded to each. Following the notification of grant awards, an applicant may request copies of reviewer comments and scores by contacting Brian Houser at <u>bhouser@isbe.net</u> | | | | | | | | | | | |
| Not Pro | · | Very Limited | Somewhat Limite | | Modera | | 1 | rong | | ery Strong | | |
| 0 | viueu | 1 | | :u | 3 | | | 4 | v | , , | | |
| | | _ | | | - | | | - | a d Dua | 5 | | |
| Propo | | Proposal provides very few details to | Proposal is unclear lacks enough evide | 11 | Proposal pr oderate de | | Proposal pr detail a | nd strong | | Proposal exceeds ectations and provides | | |
| requireme | ents are | meet the project | to meet the proje | 11 | nveys pote | | | e to meet | | an to meet p | | |
| abse | | outcomes | outcomes | mee | et project o | outcomes | project | outcomes | | outcomes | | |
| Project N | eed: | | | | | | | | | Possit Point | | |
| 1. Proposa | l clearly s | hows how online curr | iculum can effectivel | y provide o | credit reco | very and r | educe truand | cy / dropo | ut rates. | 5 | | |
| • | | tates the number of | | | | | culum. | | | 5 | | |
| | | statistical data that s | •• | | - | | | | | 5 | | |
| 4. Proposa | l clearly s | hows the need for pr | ofessional developme | ent for tead | chers, adm | inistrators | , and staff. | | | 5 | | |
| Criteria a | nd Indica | ators for Identificat | tion: | | | | | | | Possit Point | | |
| 1. Expecta proposa | | stakeholder involvem | ent and communicati | on, includi | ng interact | ion with I | SBE, are clea | arly stated | in the | 5 | | |
| • | l clearly e dropouts. | stablishes a process | to provide online cur | riculum sei | rvices for t | ruants, ch | ronic truants | , potentia | l dropouts, | 5 | | |
| | | efines the process to e services to students | | ees about o | developing | an Individ | lual Optional | Education | n Plan and | 5 | | |
| 4. Proposal clearly identifies and selects online curriculum services appropriate for grantees and students. | | | | | | | | | | | | |
| Program Objectives and Activities: | | | | | | | | | | | ble ts | |
| 1. Proposa | l demonst | trates the ability to p | rovide professional d | evelopmen | t activities | in relation | n to truancy | and dropo | ut preventior | n. 5 | | |
| - | | show experience wit | | - | | | | | | 5 | | |
| - | - | s qualified and experi | - | | - | | | | | 5 | | |
| 4. Objectives are realistic and attainable based upon program resources and timeline. | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| Strategies: | Possible Points |
|--|--------------------|
| 1. Strategies described in proposal are research/evidence-based. | 5 |
| 2. Effective strategies to coordinate activities with ISBE, grantees, and stakeholders are provided in proposal. | 5 |
| Evaluation: | Possible Points |
| 1. The type of assessment tool(s) to evaluate strategies are identified. | 5 |
| 2. Proposal demonstrates how collection of data will improve program effectiveness and efficiency. | 5 |
| Cost-Effectiveness: | Possible Points |
| 1. Proposal clearly provides a cost analysis breakdown. | 5 |
| 2. Staffing costs are adequate and reasonable based on proposal objectives and budget. | 5 |
| 3. Applicant clearly shows experience negotiating contracts with educational vendors in a cost-effective manner. | 5 |
| Overall, proposal clearly demonstrates the applicant can successfully implement the program and provide effective services with requested funding. | 5 |

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:33

| <u>Overview</u> | General Information | Applicant Information Page | Amendments | <u>Program</u> Specific | <u>Cost</u> Sharing | Budget Pages | Assurance Pages | Submit | Application History | Page Lock Control | Application Print |
|-----------------------------------|--------------------------------|---------------------------------|---------------------------|----------------------------|------------------------|-----------------|--------------------|-------------|------------------------|----------------------|----------------------|
| | | <u>Applicant</u> Informatior | | | | | | | int ement | | |
| | | Information | <u>1</u> | | | | | Agree | | | |
| Applicant | Information | | | | | | | | | Instructio | ons |
| Applicant Applicant | t Entity Infor Name* | mation: | | | | | | | | | |
| Administra | ator First Name | e* | | Middle Ir | nitial Ad | ministrato | r Last Name* | ĸ | | | |
| Address 1 ³ | ĸ | | | | | | | | | | |
| Address 2 | | | | | | | | | | | |
| City* Phone* Email* | | | | State* | | x + 4* | | | | | |
| Applicant I | Entity Website | Address* | | | | | | | | | |
| Program First Nam Address 1 | | son: | Middle Initial | ast Name* | | | | | | | |
| Address 2 | | | | | | | | | | | |
| City* Phone* Summer F | 2hone | Extension Extension | State* Z Fax Email* | (ip + 4 * | | | | | | | |
| Check | to indicate that | at the contact pers | on for the budget | t is the same | as the pro | ogram con | tact person i | dentified a | above. | | |
| First Nam Address 1 | | 'n: | Middle Initial La | ast Name | | | | | | | |
| Address 2 | | |] | | | | | | | | |
| City | | | State Zi | ip +4 | | | | | | | |

| The TAOEP PD RFP is found within IWAS |
|---|
| Phone Extension Fax |
| |
| Summer Phone Extension Email |
| |
| |
| Activity Period: |
| Regular Project Year - Activities completed through June 30. No new obligations/activities after June 30 except to pay outstanding obligations made prior to June 30 or to pay for teacher salaries for activities completed prior to June 30 (teachers paid on a 12-month basis, but working only 9 months). |
| Extended Project Year - Activities occurring between project begin date and August 31. In the rare event that the project must be extended, contact your grant coordinator before selecting the Extended Project Year. |
| Grant Period: |
| Begin Date: The grant period will begin no sooner than July 1, 2025, and will extend from the execution date of the grant until June 30, 2026. |
| End Date: 06/30/2026 |
| (NOTE: To change the end date, select the other activity period above and SAVE the page. Explain the need for this change in the Applicant Comments section below.) |
| Applicant Comments: |
| Use this text area for any needed explanations to ISBE regarding this program, including the need to change end dates. Information provided here will not factor into the grading of the application. |
| (0 of 1500 maximum characters used) |
| |
| |
| |
| Save Page |
| *Required field |
| |
| v.04.23.2021 |
| |

| Have questions or need help? | ? Contact our | Call Center | (217)558-360 | 0 between | 7:00am - | 5:00pm C | ST, Monday | - Friday or | Click he | ere to | Contact Us |
|------------------------------|---------------|-------------|---------------|--------------|------------|------------------------|------------|-------------|----------|--------|------------|
| | | Copyri | ght © 2025, I | llinois Stat | e Board of | ^f Education | | | | | |

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP ✓

59:57

| <u>Overview</u> | <u>General</u> Information | Applicant Information Pages | Amendments | Program Specific | <u>Cost</u> Sharin | | Assurance Pages | <u>Submit</u> | Application History | Page Lock Control | Applicat Print | | | |
|-----------------|---|---|-------------------|---------------------|-----------------------|---------------|--------------------|---------------|------------------------|----------------------|-------------------|--|--|--|
| | | <u>Applicant</u> Information | | | | | | | int ement | | | | | |
| Joint Agr | eement | | | | | | | | | | | | | |
| | | application submitte | ed as a joint ann | ication?* T | fves co | molete this | nage If no s | save the n | age and conti | inue to | | | | |
| U les | the ne | kt page. | | | | | | | - | | | | | |
| | respon | application is define sibility to ensure the gulations. | | | | | | | | | | | | |
| | Provide the requested information below for each participating school district/entity. Provide the name of the authorized official who signed the joint agreement for each district/entity. | | | | | | | | | | | | | |
| - | | eement for each dis ent, including signat | | orized officia | al from e | each particip | ating school | district/er | tity, must be | | | | | |
| kept on fil | e by the admir | istrative agent of th | e joint agreemei | nt. | | | | | | | | | | |
| Region-Co | unty-District-T | vpe Code | | | | | | | | | | | | |
| - |) istrict/Entity | | | | | | | | | | | | | |
| Name of A | uthorized Offic | ial | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | |
| County | | | | | | | | | | | | | | |
| Region-Co | unty-District-T | ype Code | | | | | | | | | | | | |
| Name of D | istrict/Entity | | | | | | | | | | | | | |
| | uthorized Offic | ial | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | |
| County | | | | | | | | | | | | | | |
| Region-Co | unty-District-T | ype Code | | | | | | | | | | | | |
| | District/Entity | | | | | | | | | | | | | |
| | uthorized Offic | | | | | | | | | | | | | |
| City County | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| *Required | field | | | | Save Pa | ge | | | | | | | | |
| . loquii cu | | | | | | | | | | | | | | |

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:42

| <u>Overview</u> | <u>General</u> Information | Applicant Information Pages | Amendments | Program Specific | <u>Cost</u> <u>Sharing</u> | Budget Pages | Assurance Pages | Submit | Application History | Page Lock Control | Application Print |
|---------------------------|-------------------------------|---------------------------------------|------------------|---------------------|-------------------------------|-----------------|--------------------|------------|------------------------|----------------------|----------------------|
| Amendmo | ents | | | | | | | | | Instruction | ons |
| | | t any amendment on tinue completing y | | | inal applic | ation, yo | ou still need | to respo | nd to the fir | st question, | |
| This page | MUST BE COMPL | ETED AND SAVED FOR | THE ORIGINAL AP | PLICATION A | AND FOR AI | IY SUBSEQ | UENT AMENDM | IENTS. | | | |
| Is this an | Original applica | ation or Amended app | olication? * | | | | | | | | |
| Origin | al Application | Amend | led Application | | | | | | | | |
| Grant Cha | anges | | | | | | | | | | |
| Provide a l characters | | n of the changes, inc | luding the funct | ion/object | codes whic | h have be | en amended | in this su | bmission. (Lir | nited to 1,500 |) |
| (0 of 1500 | maximum cha | aracters used) | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | 11 |
| | | | | | Save Page |] | | | | | |
| *Required | field | | | | | | | | | | |
| v.09.08.2021 | | | | | | | | | | | |

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:54

Printer-Friendly Click to Return to Application Select

| <u>Overview</u> | <u>General</u> Information | Applicant Information Pages | Amendments | Program Specific | <u>Cost</u> <u>Sharing</u> | Budget Pages | Assurance Pages | <u>Submit</u> | Application <u>History</u> | Page Lock Control | Application Print |
|-----------------|-------------------------------|--------------------------------|---------------|---------------------|-------------------------------|-----------------|--------------------|---------------------------------|-------------------------------|----------------------|----------------------|
| | | Abstract | | | | | | <u>Narrativ</u> <u>Pages</u> | | | |
| Proposa | Abstract | | | | | | | | | | |
| | | ourpose, activities, | and major out | comes of | the propo | sal.* | | | | | |
| (0 of 150 | 0 maximum cha | aracters used) | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Applican | t Entity Webs | ite Address (popula | ated from App | licant Info | rmation p | bage): | | | | | |
| | | | | | | | | | | | |
| | | | | | Save Page | | | | | | |
| *Required | field | | | | | | | | | | |

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST. Mondav - Fridav or Click here to Contact Us

EGMS HOME | ISBE HOME | LOGOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:54

Printer-Friendly Click to Return to Application Select

Application Page Lock General Applicant Program <u>Budget</u> **Assurance Application** Cost Overview Amendments Submit Information Pages <u>Sharing</u> Information Specific Pages Pages History Control Print Narrative Abstract Pages Project Proposal Criteria Cost-Effectiveness **Program Strategies** Evaluation Narrative Helps and Instructions Need and Indicators for Identification **Objectives and Activities** <u>Narrative</u> **Helps and Instructions** PLEASE NOTE: THE PROPOSAL WILL BE SCORED ON THE FOLLOWING NARRATIVE SECTIONS: - Project Need - Criteria and Indicators for Identification - Program Objectives and Activities - Strategies - Evaluation - Cost-Effectiveness PLEASE NOTE: FOR BEST RESULTS WHEN COMPLETING THESE PAGES: - Do not include bulleted lists, tables, charts, or graphs within the text areas. - Copy and pasting from other documents will often work, but note that there is a risk of generating errors that will prohibit submission. - Microsoft Word and other word-processing programs often include embedded characters and formatting that does not translate well into an html page such as this application. Using the .txt format above should strip out those characters/formats. SPECIAL NOTE: Do NOT use the ampersand symbol as it will duplicate each time the page is saved and will cause an error when maximum character lengths are exceeded. - Character counts are provided for each text area where proposal narrative may be provided. Each text area is limited to about one and a half pages of single-spaced font size 12 typing. Each letter, number, or symbol counts as a character, as do paragraph returns and any spaces between words or sentences.

```
Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST. Mondav - Fridav or Click here to Contact Us
```

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP ✓

59:56

| <u>Overview</u> | <u>General</u> Information | App Informat | licant tion Pages | Amendments | Program Specific | <u>Cost</u> Sharing | Budget Pages | Assurance Pages | <u>Submit</u> | App Hi | lication story | Pag Co | <u>e Lock</u> ontrol | Applica Prin | ation It |
|------------------|------------------------------------|-----------------|----------------------|------------------------------|-------------------------------|------------------------|--------------------------|-------------------------|---------------------------------|-------------|-------------------|------------|-----------------------------|----------------------|-------------|
| | | <u>Abs</u> t | tract | | | | | | <u>Narrativ</u> <u>Pages</u> | | | | | | |
| <u>Narrative</u> | Proposal Helps and Ins | structions | Project Need | <u>Cri</u> and Indicators | <u>teria</u> for Identifio | cation | <u>Pro</u> Objectives | ogram and Activities | Strateg | <u>gies</u> | <u>Evaluat</u> | <u>ion</u> | <u>Cost-Ef</u> <u>Na</u> | fectivene rrative | <u>ess</u> |
| Project N | eed Narrativ | /e | | | | | | | | | | | | | |
| There is s | sufficient nee | ed for the | program/ | /services. | | | | | | | | | | | |
| 1. Explair | n how online | curriculu | m will eff | ectively provid | e credit re | covery | and reduc | e truancy/d | ropout ra | ites. | | | | | |
| (0 of 3500 |) maximum ch | laracters u | sed) | | | | | | | | | | | |] |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | // | |
| | any student) maximum ch | | | line curriculum | 1? | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

3. Provide statistical data that demonstrates the need for quality digital curriculum.

(0 of 3500 maximum characters used)

4. Identify gaps in professional development for teachers, administrators, and staff that will be addressed by this proposal. (0 of 3500 maximum characters used)

| Save Page |
|-----------|

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:57

| <u>Overview</u> | <u>General</u> Information | Applicant Information Pages | Amendments | Program Specific | <u>Cost</u> Sharing | Budget Pages | Assurance Pages | <u>Submit</u> | Appli His | ication story | Page Lock Control | Application Print |
|------------------|-------------------------------|-------------------------------------|------------------------------|-------------------------------|------------------------|-----------------|-------------------------------|---------------------------------|--------------|------------------|----------------------|--------------------------|
| | | Abstract | | | | | | <u>Narrativ</u> <u>Pages</u> | | | | |
| <u>Narrative</u> | Proposal Helps and Ins | tructions <u>Project</u> | <u>Cri</u> and Indicators | <u>teria</u> for Identific | ation C | | <u>gram</u> and Activities | Strateg | <u>lies</u> | <u>Evaluat</u> | | ffectiveness arrative |
| Criteria a | nd Indicator | s for Identification | Narrative | | | | | | | | | |
| Criteria a | nd indicators | s for identifying ind | ividuals who a | re eligible | for the i | program a | are clearly e | stablishe | d and | l likelv | to target th | |
| most in n | eed of servio | ces. | | | | | | | | | | |
| - | - | ogram will accomm aracters used) | odate stakeno | ider involv | ement a | na comm | unication, ir | iciuaing i | ntera | iction w | Attn 15BE. | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2. What p | process will b | pe implemented to p | provide online | curriculun | 1 service | s for trua | nts, chronic | truants, | poter | ntial dr | opouts, and | / |
| dropouts | ? | aracters used) | | | | | · | | • | | • / | |
| (0 0. 0000 | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

3. How will the program inform TAOEP grantees about developing Individual Optional Education Plans (IOEPs) and provide effective service to students?

(0 of 3500 maximum characters used)

4. Identify what online curriculum services will be provided to grantees and students. Include justifications for these selections. (0 of 3500 maximum characters used)

| Save Page | |
|-----------|--|

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:57

| <u>Overview</u> | General Information | <u>App</u> Informat | l <u>icant</u> ion Pages | <u>Amendments</u> | Program Specific | | <u>Cost</u> Sharing | <u>Budget</u> <u>Pages</u> | Assurance Pages | <u>Submit</u> | App H | lication istory | Page Co | <u>e Lock</u> ontrol | Application Print |
|---------------------|-------------------------------------|------------------------|-----------------------------|------------------------|----------------------|------|------------------------|-------------------------------|-------------------------------|---------------------------------|----------|--------------------|------------|-------------------------|------------------------|
| | - | Abst | ract | | | | | | | <u>Narrativ</u> <u>Pages</u> | | | | | |
| Narrativ | <u>Proposal</u> e Helps and In | structions | Project Need | Crit and Indicators | teria for Identif | fica | | | <u>gram</u> and Activities | Strateg | | <u>Evaluat</u> | ion | | fectiveness rrative |
| | | | | | | | | | | | | | | <u></u> | |
| | Objectives a | | | | | | | | | | | | | | |
| Program served i | objectives a n the program | nd activiti n. | es are we | ll-defined, link | ed to ide | enti | ified nee | ds, and I | ikely to lead | to impr | oved | outcom | nes fo | or those | |
| | | | | tivities in relat | ion to tru | uar | ncy and o | dropout p | prevention b | e provid | ed? | | | | |
| (0 of 350 | 0 maximum cł | naracters us | sed) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | or achievi | ing the grant's | required | d ou | utcomes | of creati | ing digital cu | rriculum | n and | l provid | ing p | rofessio | onal |
| - | ment opportu 0 maximum cł | | sed) | | | | | | | | | | | | |
| (0 0. 000 | oo | | ,, | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

3. Identify the staff that will execute these program objectives, listing any relevant qualifications and/or experience. (0 of 3500 maximum characters used)

4. Provide a timeline for these program objectives, based on available resources.

(0 of 3500 maximum characters used)

| Save Page |
|-----------|

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:58

| <u>Overview</u> | <u>General</u> Information | <u>Appl</u> Informat | <u>icant</u> ion Pages | <u>Amendments</u> | Program Specific | <u>Cost</u> Sharing | <u>Budget</u> <u>Pages</u> | Assurance Pages | <u>Submit</u> | Applicat Histor | <u>ion Pa</u> v (| <u>ge Lock</u> Control | Application Print | <u>)n</u> |
|------------------|-------------------------------|-------------------------|---------------------------|-------------------|---------------------|------------------------|-------------------------------|--------------------|----------------|--------------------|----------------------------|---------------------------|----------------------|-----------|
| | | Abst | | | | | | | Narrative | | / | | | |
| | Proposal | | Project | Crit | teria | | Pro | <u>gram</u> | Pages | | | Cost-E | ffectiveness | 5 |
| <u>Narrative</u> | Helps and Ins | structions | Need | and Indicators | | ation | | and Activities | <u>Strateg</u> | | aluation | | arrative | |
| Strategie | s Narrative | | | | | | | | | | | | | _ |
| The prop | acal domono | tratas str | stagios th | at will be effec | tivo in pro | ducina | quality dia | ital ourrioul | um and n | rofossi | anal day | alanma | | |
| opportuni | | trates stra | ategies th | at will be effec | cive in pro | baucing | quality dig | | um anu p | roressi | Shar de | /elopme | nt | |
| | | | | aches will be u | tilized in d | levelop | ing curricu | lum and pro | fessional | develo | pment o | opportur | ities? | |
| (0 of 3500 | maximum ch | aracters us | sed) | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | // | |
| | | | | vities with ISBE | E, grantees | s, and s | takeholder | s? | | | | | | |
| (0 of 3500 | maximum ch | aracters us | sed) | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| Save Page |
|-----------|

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP ¥

59:58

| <u>Overview</u> | General Information | <u>Appl</u> Informat | <u>icant</u> ion Pages | Amendments | Program Specific | <u>1</u> | <u>Cost</u> Sharing | Budget Pages | Assurance Pages | <u>Submit</u> | Appl His | <u>ication</u> story | Page L Contr | <u>.ock</u> <u>ol</u> | Application | <u>on</u> |
|---------------------|--------------------------------------|-------------------------|---------------------------|------------------------------|----------------------------|----------|------------------------|-----------------|-------------------------------|---------------------------------|-------------|-------------------------|-----------------|--------------------------|------------------------|-----------|
| | | <u>Abst</u> | <u>ract</u> | | | | | | | <u>Narrativ</u> <u>Pages</u> | | | | | | |
| Narrative | Proposal e Helps and Ins | structions | Project Need | <u>Cri</u> and Indicators | <u>teria</u> for Identi | ficat | tion | | <u>gram</u> and Activities | Chusha | | <u>Evaluat</u> | tion Co | <u>st-Eff</u> Nai | fectiveness rrative | 5 |
| | on Narrative | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| The eval program | | gies will e | ffectively | gauge the suc | cess of t | the | progra | m and yie | ld sufficient | data tha | at can | be use | ed to im | prove | the | |
| | ibe how the p 0 maximum ch | | | te the success | and/or f | failu | ure of s | trategies | in accompli | shing pro | ogran | n goals. | | | | |
| | | | seu) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | ibe how the p 0 maximum ch | | | , analyze, and | utilize da | ata | to impi | ove prog | ram effectiv | eness or | effic | iency. | | | | |
| (* ** **** | | |) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |

| Save Page |
|-----------|

EGMS HOME | ISBE HOME | LOGOUT

eGMS - Grants Application

County: State of IL

SESSION TIMEOUT TAOEP PD RFP 🗸

59:55

| <u>Overview</u> | <u>General</u> Information | <u>Applicant</u> Information Pages | Amendments | Program Specific | <u>Cost</u> <u>Sharing</u> | Budget Pages | Assurance Pages | <u>Submit</u> | Application History | Page Lock Control | Application Print |
|--|-------------------------------|---------------------------------------|------------------------------|-------------------------------|-------------------------------|---------------------------|--------------------------------|--------------------|------------------------|----------------------|--------------------------|
| Abstract | | | | | | | | Narrative Pages | | | |
| Narrative | Proposal Helps and Ins | tructions <u>Need</u> | <u>Cri</u> and Indicators | <u>teria</u> for Identific | ation 0 | <u>Pro</u> bjectives a | g <u>ram</u> and Activities | Strateg | ies Evalua | tion Cost-E | ffectiveness arrative |
| | ectiveness Na | | | | | - | | | | | |
| The program is cost-effective as evidenced by the cost of proposed services in relation to the numbers to be served and the services | | | | | | | | | | | |
| to be provided. | | | | | | | | | | | |
| 1. Provide a cost analysis breakdown for the proposed program. (0 of 3500 maximum characters used) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | // |
| 2. What process did you follow to ensure that the staffing budget for your proposal is reasonable and cost effective? | | | | | | | | | | | |
| (0 of 3500 maximum characters used) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

3. Provide relevant history/description of experience in negotiating cost-effective contracts with educational vendors. (0 of 3500 maximum characters used)

4. Provide an overall plan to provide effective services with the requested funding.

(0 of 3500 maximum characters used)

| Save Page |
|-----------|

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST, Monday - Friday or Click here to Contact Us Copyright © 2025, Illinois State Board of Education

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:48

Printer-Friendly Click to Return to Application Select

| | lication Print | | | | | | | | | | | |
|---|-------------------|--|--|--|--|--|--|--|--|--|--|--|
| Cost Sharing | | | | | | | | | | | | |
| Cost sharing is the portion of project costs not paid by federal or state grant funds or contributions, unless authorized by federal or state statute. This term includes matching, which refers to required levels of cost sharing that must be provided (<u>2 CFR 200.306</u>). | | | | | | | | | | | | |
| Grantees funded in programs with a cost sharing requirement must 1) click "Yes," 2) complete the cost sharing information, 3) click "Calculate Totals," and 4) click "Save Page." Grantees in programs that do not have a cost sharing requirement should 1) click "No," then 2) click "Save Page." | | | | | | | | | | | | |
| • Yes ON Does this program require cost sharing (e.g., use of in-kind goods or services, local donations, private donations, program income)?* | | | | | | | | | | | | |
| Provide estimated funding from local/other sources to meet Cost Sharing requirements of this program.* | | | | | | | | | | | | |
| Amount Requested from or Awarded by ISBE | | | | | | | | | | | | |
| Total dollar value of Applicant Contribution (e.g., in kind, matching) | | | | | | | | | | | | |
| Total dollars from Local Contributions | | | | | | | | | | | | |
| Total dollars from Other Source Contributions | | | | | | | | | | | | |
| Total dollars from Program Income | | | | | | | | | | | | |
| Grand Total Cost Sharing | | | | | | | | | | | | |
| Percentage of Cost Sharing (Amount Requested/Total Cost Sharing) | | | | | | | | | | | | |
| Calculate Totals Save Page | | | | | | | | | | | | |
| Required field | | | | | | | | | | | | |
| /02.28.2025 | | | | | | | | | | | | |

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:52

Printer-Friendly Click to Return to Application Select

| Overview | <u>General</u> Information | <u>Applicant</u> Information Pages | Amendme | ents Progra | | | <u>lget</u> ges | Assurance Pages | Submit | | <u>plication</u> History | Page Lock | Application Print |
|---|---|--|--|---|---|---------------------------|---------------------------|---|-------------------------------------|---------|-----------------------------|---------------------------|----------------------|
| | | Indirect | | | Budget | | | | | ו ו | listory | <u>Control</u> Payment | |
| | - | Calculation | | _ | Detail | | | <u>Budget</u> | | | | Schedule | |
| Indirect | Cost Calculat | ion | | | | | | | | | | Instructi | ons |
| with the active an available Please co | Budget Detai d will be requ . The informa | active for programs il page) until indired uired later in the fis ation presented bel C below. Watch for sts. | ct cost rate scal year w ow is for y | es are dete when the up our informa | rmined for a dated indir ation and pl | the gr ect co annir | rant y ost ra ng pu | vear. It will tes for all e rposes unti | become ntities ar I that time | e e. | n | | |
| A. Rates | to Be Used fo | or Calculating Indir | ect Costs | | | | | | | | | | |
| 1. If | the program i | s mandated to use a | RESTRICTE | D rate, these | e rates will b | e load | ed: | | | | | | |
| N | OTE: Each indi | ividual grant may hav | e a lower re | estricted rate | e cap. | | | | | | | | |
| | a. LEAs - rate | es calculated from the | e Annual Fin | nancial Repor | t | | | | | | | | |
| | statewide | s, EFEs, charter schoo average rate | ols, universi | ity lab schoo | ls, and speci | al edu | icatio | n joint agreei | ments - the | e | | | |
| | - | nd universities - 8% ofit and community o | rganizations | s - as selecte | ed by the ent | ity; oj | ptions | are 0%, 10 | % de minir | nis | , | | |
| 2 14 | - | | TED rate th | ana ratao w | ill be leaded | | | | | | | | |
| 2.11 | | allows an UNRESTRIC es calculated from the | | | | | | | | | | | |
| | b. ROEs, ISC | s, EFEs, charter scho average rate | | • | | al edu | icatio | n joint agreei | ments - th | e | | | |
| | c. Colleges a | nd universities - 8% | | | | | | | | | | | |
| | d. Not-for-pro or negotia | ofit and community o ted rate | rganizations | s - as selecte | ed by the ent | ity; oj | ptions | are 0%, 109 | % de minir | mis | 1 | | |
| B. Basis | for Calculatin | g Indirect Costs | | | | | | | | | | | |
| | | rates are used, the M | odified Tota | I Direct Cost | (MTDC) will | be us | ed as | the direct co | ost base. | | | | |
| 2. If | UNRESTRICT | ED rates are used, the | e MTDC will | be used as t | he direct cos | st base | e for: | | | | | | |
| | a. LEAs | | | | | | | | | | | | |
| | | s, EFEs, charter scho average rate | ols, universi | ity lab schoo | ls, and speci | al edu | icatio | n joint agreei | ments - the | e | | | |
| | c. Colleges a | nd universities | | | | | | | | | | | |
| | d. For-profit, | not-for-profit or com | munity orga | anizations ta | king the de r | ninimi | is rate | e of 10% | | | | | |
| F | | ED rates are used, for negotiated rate may a | | | | | | | | | | | |
| | THE IND | IRECT COST RATE | FOR THIS | PROGRAM | IS: UNR | ESTR | ICT | ED | | | | | |
| Budge | et Detail page | f organization apply and automatically ear and must be co | calculates | the maxim | um allowal | ole an | noun | t. For type (| | ion | al | | |
| \bigcirc | (a) LEAs | | | | | | | | | | | | |
| 0 | • • | s, EFEs, charter scho average rate | ols, universi | ity lab schoo | ls, and speci | al edu | icatio | n joint agreei | ments - th | e | | | |
| \bigcirc | (c) Colleges a | nd universities | | | | | | | | | | | |
| \bigcirc | (d) For-profit/ | Not-for-profit or com | munity orga | anizations us | ing: | | | | | | | | |
| | - a de minin | nis rate of 10%, | | | | | | | | | | | |
| | | % (waive), or | | | | | | | | | | | |
| | - a Federal/ | GOMB negotiated rate | e | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | Save Page | 9 | | | | | | | |

v.02.08.2024 (2)

Have questions or need help? Contact our Call Center (217)558-3600 between 7:00am - 5:00pm CST, Monday - Friday or Click here to Contact Us Copyright © 2025, Illinois State Board of Education

EGMS HOME | ISBE HOME | LOGOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP ✔

59:57

Printer-Friendly Click to Return to Application Select

SESSION TIMEOUT

Page Lock General Applicant Program Cost <u>Budget</u> Assurance Application **Application** Overview Amendments Submit Information Information Pages Specific Sharing Pages Pages History Control Print Indirect <u>Budget</u> Payment <u>Budget</u> Cost Calculation Schedule Detail **Budget Detail** BUDGET BREAKDOWN (Use whole dollars only. Omit Decimal Places, e.g., \$2536) **Instructions**

Description of Function Codes and Object Codes

| Function Code | Object Code | Exclude from MTDC** | Expenditure Description and Itemization | TAOEP-PDRFP Funds | Delete Row | |
|------------------|--------------------|---------------------------|---|----------------------|---------------|--|
| ~ | ~ | | | 0 | | |
| ~ | ~ | | | 0 | | |
| ~ | ~ | | | 0 | | |
| ~ | ~ | | | 0 | | |
| ~ | ~ | | | 0 | | |

Create Additional Entries

| | Total Direct Costs | 0 |
|------------------|---|------|
| | Less Functions 2530 and 4000, Objects 500 and 700, Contract amounts over \$50,000 | 0 |
| | Modified Total Direct Costs | 0 |
| | Indirect Cost Rate % | 0.00 |
| | Maximum Indirect Cost * | 0 |
| | Indirect Cost | 0 |
| otal Allotment 0 | Grand Total | 0 |
| | Allotment Remaining | 0 |
| | NOTE: READ BEFORE IMPORTING - Data Import Instructions Data Import Template Choose File No file chosen Upload/Validate File Validate File | |
| | Calculate Totals Save Page | |

*If expenditures are budgeted in Functions 2510, 2520, 2570, 2640, or 2660 by an LEA, the indirect cost rate cannot be used. If a program has an unrestricted indirect cost rate, expenditures budgeted in Function 2540 will also prevent LEAs from using indirect cost. **Contracts over \$50,000 must be entered in separate line items and the Exclude from Modified Total Direct Cost (MTDC) box selected. The portion of each subaward in excess of \$50,000 will be excluded from MTDC. This program has a start date on or after 10/1/2024 and will follow the Uniform Grants Guidance 2024 Revisions (2 CFR 200). De Minimis Indirect Cost Rate is 15%.

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP ✓

59:55

Printer-Friendly Click to Return to Application Select

| Overview | General Information | Applicant Information Pages | Amendments | Program Specific | <u>Cost</u> <u>Sharing</u> | Budget Pages | Assurance Pages | <u>Submit</u> | Application <u>History</u> | Page_Lock Control | Application Print |
|----------|-------------------------|--------------------------------|-------------------|---------------------|-------------------------------|-----------------|--------------------|---------------|-----------------------------------|----------------------|----------------------|
| | <u>I</u> <u>Cost</u> | | <u>Bud</u> Det | | | <u>Budge</u> | <u>t</u> | | <u>Payment</u> <u>Schedule</u> | | |

| Budg | et (Read O | nly) | | | | | | | Instru | <u>ctions</u> |
|------|-------------------|---|-----------------|-----------------------------|------------------------------|--------------------------------|----------------------------|-------------------------|---------------------------------------|---------------|
| LINE | FUNCTION | EXPENDITURE ACCOUNTING | SALARIES 100 | EMPLOYEE BENEFITS 200 | PURCHASED SERVICES 300 | SUPPLIES & MATERIALS 400 | CAPITAL OUTLAY** 500 | OTHER OBJECTS 600 | NONCAP EQUIP** 700 | TOTAL |
| 1 | 1000 | Instruction | | | | | | | | |
| 2 | 2110 | Attendance & Social Work Services | | | | | | | | |
| 3 | 2120 | Guidance Services | | | | | | | | |
| 5 | 2140 | Psychological Services | | | | | | | | |
| 7 | 2210 | Improvement of Instruction Services | | | | | | | | |
| 9 | 2230 | Assessment & Testing | | | | | | | | |
| 10 | 2300 | General Administration | | | | | | | | |
| 13 | 2520 | Fiscal Services* | | | | | | | | |
| 15 | 2540 | Operation & Maintenance of Plant Services* | | | | | | | | |
| 16 | 2550 | Pupil Transportation Services | | | | | | | | |
| 24 | 2900 | Other Support Services | | | | | | | | |
| 25 | 3000 | Community Services | | | | | | | | |
| 27 | 4000 | Payments to Other Governmental Units | | | | | | | | |
| 28 | 5000 | Debt Services | | | | | | | | |
| 29 | Total Direct | t Costs | | | | | | | | |
| 30 | Indirect Co | sts | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| 31 | Total Budge | et | | | | | | | | |

If expenditures are shown, the indirect cost rate cannot be used. If a program has an unrestricted indirectcost rate, expenditures budgeted in Function 2540 will also prevent LEAs from using indirect cost.
 Capital Outlay cannot be included in the indirect cost calculation.

Superintendent Name: Not calling IWAS Web Service

EGMS HOME | ISBE HOME | LOGOUT

SESSION TIMEOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP ✔

59:55

Printer-Friendly Click to Return to Application Select

| <u>Overview</u> | <u>General</u> Information | <u>Applicant</u> Information Pages | Amendme | <u>ents</u> | Program Specific | <u>Cost</u> <u>Sharing</u> | | <u>lget</u> g <u>es</u> | Assurance Pages | <u>Submit</u> | Application <u>History</u> | Page_Lock Control | Application Print |
|-----------------|-------------------------------|---------------------------------------|---------|-------------------|---------------------|-------------------------------|--|----------------------------|--------------------|---------------|-------------------------------|----------------------|----------------------|
| | <u>I</u> <u>Cost</u> | | | <u>Bud</u> Det | | | | <u>Budge</u> | t | | Payment Schedule | | |
| | | | | | | | | | | | | | Instructions |

Payment Schedule

An authorized user must save this page prior to Application Submission.

| Month | Payment Amount |
|---------------------|--------------------------|
| July | 0 |
| August | 0 |
| September | 0 |
| October | 0 |
| November | 0 |
| December | 0 |
| January | 0 |
| February | 0 |
| March | 0 |
| April | 0 |
| Мау | 0 |
| June | 0 |
| Total \$ | 0 |
| Budget Detail Total | 0 |
| Amount Remaining | 0 |
| | Calculate Total Save Pag |

EGMS HOME | ISBE HOME | LOGOUT

eGMS - Grants Application

County: State of IL

TAOEP PD RFP 🗸

59:57

Printer-Friendly Click to Return to Application Select

| Overview | <u>General</u> Information | <u>Applicar</u> Information | | Amendments | Program Specific | <u>Cost</u> Sharing | <u>Budget</u> <u>Pages</u> | Assurance Pages | <u>Submit</u> | Application History | Page Lock Control | Application Print |
|-------------------------------------|-------------------------------|--------------------------------|--|----------------------------------|---------------------|------------------------|-------------------------------|-------------------------|---------------|------------------------|----------------------|----------------------|
| | | | | <u>State</u> <u>Assurance</u> | <u>s</u> | | As | <u>GATA</u> surances | | | <u>Assurances</u> | |
| Program-Specific Terms of the Grant | | | | | | | | | | | ons | |

By checking this box, the applicant hereby certifies that he or she has read, understood, and will comply with the assurances listed below, as applicable to the program for which funding is requested.

Subcontracting

No subcontracts or subgrants are allowed without prior written approval of the state superintendent of education. If subcontracts or subgrants 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 subgrants must be documented and must have the prior written approval of the state superintendent of education. Approval of subcontracts and subgrants shall be subject to the same criteria as are applied to the original proposal/application. The following information is required if any subcontracts/subgrants are to be utilized:

- Name(s) and address(es) of subcontractor(s)/subgrantee(s);
- Need and purpose for each subcontract/subgrant;
- Measurable and time specific services to be provided;
- Associated costs (e.g., amounts to be paid under each subcontract/subgrant); 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 ISBE.

- 1. All grants issued under this Part shall be governed by the Illinois Grant Funds Recovery Act [30 ILCS 705].
- Applicants may be asked to clarify and adjust certain aspects of their proposal, including the requested budget amount. A negotiated and finalized proposal will be returned to the State Board of Education with an authorized electronic signature to constitute an approvable grant agreement.
- 3. Orders for payment will be submitted to the Office of the Comptroller by the State Board of Education according to a negotiated payment schedule. Payments may be reduced from scheduled amounts if periodic reports show excessive cash on hand.
- 4. The grantee may operate its own program or enter into a subcontract with another not-for-profit entity to implement the program.
- 5. Grant recipients must submit a final project report to the State Board of Education within 30 days after the ending date of the grant period.
- 6. An approved budget may be amended by completing an amendment to the approved budget, using forms supplied by the State Board of Education, to show the new amounts required and attaching an explanation for the changes. A budget amendment must be submitted for approval when a grantee proposes to use funds for allowable expenditures not identified in the approved budget. Changes will be approved if the proposed distribution of resources or activities would have been approvable within the original application. Further insight on amendments can be found in the <u>ISBE Fiscal Policy Manual.</u>
- 7. A school district or other eligible entity shall only participate in one proposal for a program [23 Illinois Administrative Code Part 205]. Applicants must determine if another eligible entity is providing identical services to the same student population prior to applying for the grant. Duplicative services are not allowable and such grant applications may not be considered for review. If not duplicative in nature, a service agreement with authorized signatures must be created outlining the specific TAOEP services provided by each eligible entity. An explanation will be provided outlining the coordination of services between entities and/or how services will complement each other. This document will be uploaded in the initial grant applications.

8. Program site changes during the grant period will require an amendment with justification.

Save Page