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### Program Overview

<b>Funding Opportunity Information:</b>	2025-3695-RF Truants' Alternative and Optional Education Program Request for Proposal
<b>Program:</b>	Truants' Alternative and Optional Education Program (TAOEP) - Request for Proposal (RFP)
<b>Purpose:</b>	TAOEPs ensure that targeted students have equitable access to an education by creating modified instructional programming and services to these students, by planning for truancy prevention and intervention services to students and their parents, and by offering part-time or full-time options to regular school attendance.
<b>CSFA Number:</b>	586-13-0542
<b>CSFA Title:</b>	Truants' Alternative and Optional Education Program (State)
<b>Program Type:</b>	State Competitive Grant
<b>Eligible Applicants:</b>	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 the official authorized to submit the proposal. A school district or other eligible entity shall only participate in one proposal for a program. Applicants must determine if another entity is providing TAOEP services to the same students prior to applying for grant. Duplicative services are not allowable and such grant applications may not be considered for review. Applicants should review rules at the link below. <a href="#">See 23 Illinois Administrative Code 205, linked here</a>
<b>GATA Note:</b>	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. <a href="http://www2.illinois.gov/sites/GATA/grantee/pages/default.aspx">www2.illinois.gov/sites/GATA/grantee/pages/default.aspx</a> 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 2025 Fiscal and Administrative Risk Assessment in the form of an Internal Controls Questionnaire (ICQ) available through the GATA Web Portal, an FY 2025 Organizational Risk Assessment through the ISBE Web Application Security (IWAS) system, and the FY 2025 Programmatic Risk Assessment that is found within the electronic Grant Management System budget. Grant awards will not be executed until the FY 2025 ICQ, Organizational Risk Assessment, and Programmatic Risk Assessment are completed.
<b>System for Award Management (SAM):</b>	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; <a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a> (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.
<b>Code of Federal Regulations / Title 2 - Grants and Agreements / Vol. 1 / 2014-01-01192:</b>	Guidance is found at <a href="https://www.govinfo.gov/content/pkg/CFR-2013-title2-vol1/pdf/CFR-2013-title2-vol1.pdf">https://www.govinfo.gov/content/pkg/CFR-2013-title2-vol1/pdf/CFR-2013-title2-vol1.pdf</a> .
<b>GATA Requirements:</b>	<a href="#">Grant Accountability and Transparency Act (GATA) website</a> <a href="#">GATA Legislation</a> <a href="#">GATA Rules</a>
<b>Merit-Based Review and Selection Process for Competitive Grants:</b>	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. <a href="https://www.isbe.net/Documents/Merit_Based_Review_Policy.pdf">https://www.isbe.net/Documents/Merit_Based_Review_Policy.pdf</a>
<b>Grant Award/Cost Sharing or Matching:</b>	The total amount of grant funding will not exceed \$11.5 million. There is no matching requirement for this grant. Proposals that score under 80 points will not be funded. Additional funding information can be found on the Funding Information page.
<b>Grant Period:</b>	The grant period will begin no sooner than July 1, 2024, and will extend from the execution date of the grant until June 30, 2025. 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

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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 THURSDAY, MAY 9, 2024.**

*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 May 9, 2024.

[help@isbe.net](mailto:help@isbe.net)

**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.

Awarded grantees will be required to complete additional GATA pages after preliminary approval has been received.

**Technical Assistance Session:**

A technical assistance session will be held via webinar from 1:00-2:00 p.m. on Tuesday, April 9, 2024. Registration information can be found at the link below. Attendance is NOT required.

<https://register.gotowebinar.com/register/3725640612939453787>

**Changes to NOFO/RFP:**

ISBE will post any changes made to the NOFO/RFP prior to Thursday, May 2, 2024. 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 [bhouser@isbe.net](mailto:bhouser@isbe.net)

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 Thursday, May 2, 2024. Applicants are advised to check the site before submitting a proposal.

<https://www.isbe.net/Pages/Special-Education-Truants-Alternative-and-Optional-Education-Program.aspx>

**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.

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](#)

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### Program Background and History

Section 2-3.66 of the School Code [105 ILCS 5/2-3.66] authorizes ISBE to provide grants for the establishment of Truants' Alternative and Optional Education Programs. These programs, which serve as part-time or full-time options to regular school attendance, offer modified instructional programs or other services designed to prevent students from dropping out of school. Programs funded under this grant can only serve students identified as one of the following:

- A. A truant, as defined in Section 26-2a of the School Code [105 ILCS 5/26-2a] as a child subject to compulsory school attendance and who is absent without valid cause from such attendance for more than 1% but less than 5% of the past 180 school days;
- B. A chronic or habitual truant, as defined in Section 26-2a of the School Code as a child subject to compulsory school attendance and who is absent without valid cause from such attendance for 5% or more of the previous 180 regular attendance days;
- C. A dropout, as defined in Section 26-2a of the School Code as any child enrolled in grades 9 through 12 whose name has been removed from the district enrollment roster for any reason other than the student's death, extended illness, removal for medical non-compliance, expulsion, aging out, graduation, or completion of a program of studies and who has not transferred to another public or private school and is not known to be home-schooled by his or her parents or guardians or continuing school in another country; or
- D. A potential dropout, which is any student subject to compulsory attendance as defined in Article 26 of the School Code [105 ILCS 5/Art. 26] and whose school absences or pattern of school attendance impedes the student's learning or contributes to the student's failure to meet state and/or district learning standards. Attendance problems may include chronic truancy, truancy, selective absences, excessive absences, or a pattern of absences or tardiness. See Section 205.20(b)(4) of rules governing Truants' Alternative and Optional Education Programs at <https://www.isbe.net/Documents/205ARK.pdf>.

In assessing whether marginal school attendance problems would place a student within the definition of "potential dropout," consideration shall be given to a student's personal involvement in the education process, apparent motivation to receive an education, or any continued and obvious apathy or disaffection for education, particularly when indications of uninvolvedness, lack of motivation, or disaffection are coupled with currently known individual or family circumstances that, if they remain unresolved, would be reasonably expected to result in escalating attendance problems.

Section 26-1 of the School Code [105 ILCS 5/26-1] defines children subject to compulsory attendance as the following: Compulsory school age; exemptions. Whoever has custody or control of any child (i) between the ages of 7 and 17 years (unless the child has already graduated from high school) for school years before the 2014-2015 school year or (ii) between the ages of 6 (on or before September 1) and 17 years (unless the child has already graduated from high school) beginning with the 2014-2015 school year shall cause such child to attend some public school in the district wherein the child resides the entire time it is in session during the regular school term, except as provided in Section 10-19.1, and during a required summer school program established under Section 10-22.33B.

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### Program Description and Objectives

#### Program Purpose:

TAOEPs ensure that targeted students have equitable access to an education by creating modified instructional programming and services to these students, by planning for truancy prevention and intervention services to students and their parents, and by offering part-time or full-time options to regular school attendance.

#### Program 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

- Truancy Intervention (supplemental services) and/or Optional/Alternative Education academic, non-academic, and career-related services and activities are appropriately identified and provided to the students.
- Every TAOEP student will have an Individual Optional Education Plan (IOEP). The IOEP must include learning objectives, services that will be provided in relation to student IOEP goals, assessments of student progress toward goals, timelines, and student and parent acceptance of the plan.

#### Performance Measures

- Seventy-five percent of students will increase attendance after entering the program.
- Seventy-five percent of students will increase academic achievement as shown by grade promotion, credit earned, graduating from high school, or obtaining a GED.

#### Target:

One hundred percent of eligible students are receiving academic, non-academic, and/or career-related services as described in each student's IOEP.

#### Performance Standards

- Sixty percent of students will increase attendance after entering the program.
- Sixty percent of students will increase academic achievement as shown by grade promotion, credit earned, graduating from high school, or obtaining a GED.

#### Deliverables and/or Milestones

- Every TAOEP student will have an IOEP. The IOEP must include learning objectives.
- Mid-year reporting of the current year's program should document the services provided and describe the degree to which the grantee is achieving its stated objectives.
- An annual TAOEP end-of-year student data report must be filed in the IWAS system. It should include student attendance rates and academic progress in terms of promotion (elementary students) and credits earned (high school students) and report on high school graduation or GED completion. This report is due 30 days after the project end date.

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### Required Program Components

Each program funded must include the following components.

- A. A comprehensive community-based program planning process that includes, but is not limited to, the participation of business; community organizations; social service providers; government agencies; parents; school administrators; and other staff members, including teachers and students, and that leads to the development and implementation of a strategic plan.

1. The plan must contain program goals and objectives developed by analyzing social and academic challenges faced by students in the community to be served by TAOEP.
2. The plan must identify available community resources and services, and describe how these will be coordinated to meet the needs of students identified as eligible for program services.

Community planning must include collaboration with other TAOEP grantees and potential grantees in the area to ensure that limited funds are being used to serve the greatest number of students. Please review the Program Directory hyperlinked below for a list of funded programs.

[Click here for the Program Directory](#)

Eligible entities applying for TAOEP funds must work together to make certain that a continuum of services are offered with no overlap of services to students. Applicants should not propose to serve students in grade levels already served in a TAOEP nor propose to offer the same service (e.g., optional education or intervention and supplemental services) to the same category of students (e.g., truant, chronic truant, retrieved dropout, or potential dropout) in grade levels already served in a TAOEP.

An applicant that proposes to serve multiple school districts (e.g., community college, Regional Office of Education (ROE), vocational school) must secure the signature of the superintendent of each school district whose students or residents will be served by the proposed program (complete the Districts To Be Served page). A school district that proposes to offer its own TAOEP where a regional program offered by a community college or ROE already exists must expand on the type of service (truancy intervention or optional education) currently provided or the categories of students targeted.

- B. An IOEP, which is a written document that outlines an individual's academic, vocational, and/or life skill needs, as well as goals and objectives and various educational and social experiences needed to reach those goals and objectives. The development of this plan must involve school officials, the student, and the student's parents or legal guardians, if the student is less than 18 years old. The IOEP for each student must include:

1. Learning objectives or individual outcomes, such as increased school attendance, course credit, graduation, gains in achievement level, or employment;
2. The basis upon which the student is referred to the program;
3. The educational, social, and/or career development services that will be provided to achieve the learning objectives or individual outcomes identified for that student;
4. Assessment procedures to determine the degree to which the student is achieving his or her learning objectives or individual outcomes;
5. A time period sufficient to allow the student to achieve those objectives or outcomes; and
6. A statement that the student, parent, or guardian has the ultimate choice of whether to accept the IOEP that is offered or to return to, or remain in, the regular education program of the school district attended.

- C. Educational services that may include either:

1. An Optional Education Program that provides a modified instructional program that incorporates the Illinois Learning Standards and, as appropriate to the student's needs, work-based learning and career development, and is established by school board policy to serve as a part-time or full-time option in lieu of regular school attendance; or
2. Supplemental services that provide students enrolled in the regular school program with supports (e.g., tutoring, mentoring, health services, home visits, counseling) that are needed to increase their attendance rates or prevent them from dropping out of school.

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### Funding Information

The total amount of funding for FY 2025 will be \$11.5 million. A commensurate amount of funding is anticipated for each subsequent renewal period, contingent upon sufficient appropriation for the program and satisfactory progress of the preceding year.

See the Grant Award/Matching section on the Overview page for more information.

#### **Cost Sharing or Matching:**

Cost sharing or matching is not required for this grant.

#### **Indirect Cost Rate:**

The federal Uniform Guidance at 2 CFR 200 requires that grantees be provided the opportunity to seek indirect cost reimbursements based on negotiated indirect cost reimbursement rates. Rates are determined and applied as follows.

##### 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.

<https://www.isbe.net/Pages/Indirect-Cost-Rate-Plan.aspx>

LEAs have the ability to seek indirect cost reimbursement at the published unrestricted rate for any program other than those identified as restricted by ED.

- Newly organized LEAs, ROEs, Intermediate Service Centers (ISCs), area vocational centers, charter schools, university laboratory schools, and governmental entities formed by a joint agreement among LEAs utilize either the statewide average of LEA unrestricted or restricted indirect rates as appropriate, depending on program.
- LEAs that jointly administer federal program(s) utilize either the approved unrestricted or restricted indirect cost rates for the administrative district of the joint program as appropriate, depending on program.

##### Non-LEAs

- Programs eligible for an unrestricted indirect cost rate; not-for-profit entities; community/faith-based organizations; and other non-LEA, non-university subgrantees shall utilize rates negotiated through the Governor's Office of Management and Budget (GOMB) centralized process in which they will have the option to:
  - Select the 10 percent de minimis rate.
  - Submit documentation supporting a rate determined through negotiation with their federal cognizant agency.
  - Negotiate a rate.
- Non-LEA, non-university grantees may initiate the unrestricted indirect cost rate negotiation process through the GATA grantee portal at <https://grants.illinois.gov/portal/>
  - Federal programs requiring the use of a restricted indirect cost rate, not-for-profit entities, community/faith-based organizations, and other non-LEA subgrantees shall utilize the 8 percent default rate described at 34 CFR 76.564.
  - Colleges and universities will be limited to a maximum indirect cost rate of 8 percent or other indirect cost rate calculated by their cognizant federal agency, whichever is less, for grants administered by ISBE.

Costs associated with Fiscal Support Services (2520), Internal Support Services (2570), Staff Support Services (2640), Data Processing Services (2660), and Direction of Business Support Services (2510) charged to the Educational Fund are properly budgeted as indirect costs.

#### **Funding Restrictions:**

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.

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### Reporting Requirements

#### **Reporting Requirements**

Minimum reporting includes:

- Quarterly cumulative expenditure reports and a final completion report are required.
- Periodic programmatic performance reporting are required through the Grant Periodic Reporting System in IWAS.
- The mid-year student reporting must be submitted within 30 days after the end of the semester.
- The end-of-year report must be submitted no later than 30 days after the end of the grant period.

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### Review Criteria

#### Review and Selection Process:

The selection of the grantees will be based upon the overall quality of the application. The scoring is based upon the following criteria:

- Need is defined as the identification of stakeholders, facts, and evidence that demonstrate the proposal supports the grant program purpose. There is sufficient need for the program/services, as evidenced by the number or proportion of students identified as eligible for program services.
- 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 objectives and activities are well-defined, linked to identified needs, and likely to lead to improved outcomes for the students served in the program.
- 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.
- 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.

#### 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 [bhouser@isbe.net](mailto:bhouser@isbe.net)

Not Provided	Very Limited	Somewhat Limited	Moderate	Strong	Very Strong
0	1	2	3	4	5
Proposal requirements are absent	Proposal provides very few details to meet the project outcomes	Proposal is unclear and lacks enough evidence to meet the project outcomes	Proposal provides moderate detail and conveys potential to meet project outcomes	Proposal provides good detail and strong evidence to meet project outcomes	Proposal exceeds expectations and provides a solid plan to meet project outcomes

#### Project Need:

There is sufficient need for the program/services, as evidenced by the number or proportion of students identified as eligible for program services (see Section 205.20(b) of this Part).

- |  |   |
|--|---|
| 1. The chronic truancy or dropout rate is within the top quartile of the state based upon the most current Illinois School Report Card. (Score of 0 or 5 only will be awarded.)  | 5 |
| 2. The chronic truancy or dropout rate is at or above the statewide average based upon the most current Illinois School Report Card. (Score of 0 or 5 only will be awarded.)   | 5 |
| 3. Proposal demonstrates that over the last three school years, the chronic truancy or dropout rate increased each year based upon the most current Illinois School Report Card. (Score of 0 or 5 only will be awarded.) | 5 |
| 4. Proposal describes factors or conditions that contribute to the truancy and dropout rates in the community.   | 5 |

**Possible Points**

#### Criteria and Indicators for Identification:

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.

- |   |   |
|---|---|
| 1. Criteria and/or indicators in the proposal identify students who are eligible for services beyond the state definitions for truant, chronic truant, dropout, and/or potential dropout. | 5 |
| 2. Proposal contributes to more equitable outcomes for students in the community.   | 5 |
| 3. Stakeholder engagement was used to identify the services that will or could be made available for those students most in need.   | 5 |
| 4. Program implements a Multi-Tiered System of Support (or other framework or approach) to ensure that students most in need of support are prioritized for services.                     | 5 |

**Possible Points**

#### Program Objectives and Activities:

Program objectives and activities are well-defined, linked to identified needs, and likely to lead to improved outcomes for the students served in the program.

**Possible Points**

# Grant Application located in IWAS

1. Proposal states specific quantifiable objectives and the timelines in which they will be met.	5
2. Proposal describes in detail the activities that will contribute to meeting program objectives and provides the research or data the applicant relied upon in selecting the activities.	5
3. Proposal provides a timeline for implementation of program activities along with anticipated challenges.	5
4. Proposal describes grant monitoring strategies that will be used to ensure program objectives and activities are on track.	5
<b>Strategies:</b>	<b>Possible Points</b>
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.	
1. Current services already being offered at the school are listed and the applicant has explained why they are not sufficient to decrease the dropout rate and increase school attendance.	5
2. Proposal describes services or interventions, beyond what is already offered by the regular school program, to more effectively decrease the dropout rate and increase school attendance.	5
<b>Evaluation:</b>	<b>Possible Points</b>
The evaluation strategies will effectively gauge the success of the program and yield sufficient data that can be used to improve the program.	
1. Proposal describes how grantee will collect, analyze, and utilize data to improve program effectiveness or efficiency.	5
2. Proposal describes alternative strategies, plans, or ideas that will be considered in the event that data shows programs goals are not being achieved.	5
<b>Cost-Effectiveness:</b>	<b>Possible Points</b>
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. Proposal explains how the estimated number of students to be served under the program was determined.	5
2. Proposal provides a process to ensure the budget is reasonable and cost-effective.	5
3. Proposal describes services, ideas, or interventions that are not currently part of the plan but could be implemented if the proposal is not fully funded.	5
4. Proposal provides a plan to sustain the program beyond the life of the grant to the extent services are still needed.	5
<a href="#">Priority Points</a> will be added to final scores if percent of adequacy is 90% or less.	

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<a href="#">Applicant Information</a>						<a href="#">Joint Agreement</a>					

### Applicant Information

[Instructions](#)

#### Applicant Entity Information:

Applicant Name\*

Administrator First Name\*

Middle Initial

Administrator Last Name\*

Address 1\*

Address 2

City\*

State\*

Zip + 4\*

Phone\*

Extension

Fax

Email\*

Applicant Entity Website Address\*

#### Program Contact Person:

First Name\*

Middle Initial

Last Name\*

Address 1\*

Address 2

City\*

State\*

Zip + 4 \*

Phone\*

Extension

Fax

Summer Phone

Extension

Email\*

☐ Check to indicate that the contact person for the budget is the same as the program contact person identified above.

#### Budget Contact Person:

First Name

Middle Initial

Last Name

Address 1

Address 2

City

State

Zip +4

Phone

Extension

Fax

# Grant Application located in IWAS

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, 2024, and will extend from the execution date of the grant until June 30, 2025.

End Date:

(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

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<a href="#">Applicant Information</a>					<a href="#">Joint Agreement</a>						

### Joint Agreement

[Instructions](#)

☒ Yes ☐ No Is this application submitted as a joint application?\* If yes, complete this page. If no, save the page and continue to the next page.

A joint application is defined as two or more eligible applicants participating in the grant activities and having equal responsibility to ensure that the grant is administered in accordance with the approved proposal and all applicable laws and regulations.

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.

NOTE: The joint agreement, including signatures of the authorized official from each participating school district/entity, must be kept on file by the administrative agent of the joint agreement.

Region-County-District-Type Code	<input type="text"/>
Name of District/Entity	<input type="text"/>
Name of Authorized Official	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
Type(s) of Services Provided	<input checked="" type="checkbox"/> Truancy Intervention (Supplemental Services) <input type="checkbox"/> Optional/Alternative Education
Using the most recent School Report Card data, report:	
- Actual Number of Chronic Truants	<input type="text"/>
- Actual Number of Dropouts	<input type="text"/>

Region-County-District-Type Code	<input type="text"/>
Name of District/Entity	<input type="text"/>
Name of Authorized Official	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
Type(s) of Services Provided	<input type="checkbox"/> Truancy Intervention (Supplemental Services) <input type="checkbox"/> Optional/Alternative Education
Using the most recent School Report Card data, report:	
- Actual Number of Chronic Truants	<input type="text"/>
- Actual Number of Dropouts	<input type="text"/>

Region-County-District-Type Code	<input type="text"/>
Name of District/Entity	<input type="text"/>
Name of Authorized Official	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
Type(s) of Services Provided	<input type="checkbox"/> Truancy Intervention (Supplemental Services) <input type="checkbox"/> Optional/Alternative Education
Using the most recent School Report Card data, report:	
- Actual Number of Chronic Truants	<input type="text"/>
- Actual Number of Dropouts	<input type="text"/>

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### Amendments

[Instructions](#)

**Use this page to report any amendment details. If this is an Original application, you still need to respond to the first question, save the page, and continue completing your application.**

*THIS PAGE MUST BE COMPLETED AND SAVED FOR THE ORIGINAL APPLICATION AND FOR ANY SUBSEQUENT AMENDMENTS.*

Is this an Original application or Amended application? \*

- ☐ Original Application ☐ Amended Application

### Grant Changes

Provide a brief description of the changes, including the function/object codes which have been amended in this submission. (Limited to 1,500 characters)

(0 of 1500 maximum characters used)

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						

### Districts To Be Served

[Instructions](#)

List the school districts to receive services under the proposed program.\*

Provide all requested information for each district listed. If more than 10 districts are to be served, click on the Add Additional Entries button at the bottom of the page. Print a copy of the page and have the district administrator for each district listed sign the form at the x.

**The signed form must be kept on record for audit purposes. The forms may also be requested by ISBE at any time.**

**Note: A district applicant serving only those students in its own district does not need to send in a signature document.**

#### Key to column headings:

- Truancy Intervention/Supplemental Services to be provided = TI (Check either TI or Op Ed, or both, as appropriate.)
- Optional/Alternative Education services to be provided = Op Ed
- Number and percentage of Chronic Truants reported by the district according to the most current School Report Card data = # CT and % CT
- Percentage of Dropouts reported by the district according to the most current School Report Card data = % Drop
- Please use the most current Report Card Public Data Set at <https://www.isbe.net/Pages/Illinois-State-Report-Card-Data.aspx>.

#	Authorized Signature	District Name*	County*	TI	Op Ed	# CT	% CT	% Drop
1.	x			<input type="checkbox"/>	<input type="checkbox"/>			
2.	x			<input type="checkbox"/>	<input type="checkbox"/>			
3.	x			<input type="checkbox"/>	<input type="checkbox"/>			
4.	x			<input type="checkbox"/>	<input type="checkbox"/>			
5.	x			<input type="checkbox"/>	<input type="checkbox"/>			
6.	x			<input type="checkbox"/>	<input type="checkbox"/>			
7.	x			<input type="checkbox"/>	<input type="checkbox"/>			
8.	x			<input type="checkbox"/>	<input type="checkbox"/>			
9.	x			<input type="checkbox"/>	<input type="checkbox"/>			
10.	x			<input type="checkbox"/>	<input type="checkbox"/>			

[Add Additional Entries](#) [Save Page](#)

\*Required field

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						

### Proposal Abstract

[Instructions](#)

**Provide the requested information for students and services.\* NOTE: Information from this page will be used for the TAOEP Directory.**

(Note: number of students to be served by type of program is prepopulated from the Students To Be Served page. Any changes must be made on that page.)

Students To Be Served	Supplemental Services as Truancy Intervention	Optional Education/ Alternative	Total Served
Total Dropouts To Be Served	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Chronic Truants To Be Served	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Truants To Be Served	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Potential Dropouts To Be Served	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TO BE SERVED GRAND TOTALS</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grade Range For Students To Be Served*	<input type="text"/>	<input type="text"/>	
Age Range For Students To Be Served*	<input type="text"/>	<input type="text"/>	
Estimated number of students who will use online curriculum provided by the TAOEP Professional Development Grant. (If there are none, enter 0.)*	<input type="text"/>	<input type="text"/>	

**Describe the general purpose, activities, and major outcomes of the proposal.\***

(0 of 1500 maximum characters used)

**Applicant Entity Website Address (populated from Applicant Information page):**

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\*Required field

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						

### TAOEP - Projected Sites

[Instructions](#)

**For each projected site, provide the site name and information on all school districts served by the site. Include:**

- Site name and RCDTS Code (regional programs end in 92XX; all others 0000)
- School district name and number
- Grades served by program
- Projected number of students from each school district
- Check the box if attendance is being claimed for Evidence Based Funding (EBF).
- Up to 5 sites with up to 15 school districts per site may be entered on this page. For additional sites, click on the next tab.

Site Name	Reg-Co-Dist-Type-Site Code	Grades Served	Projected Number of Students Served	Serving Site Claims for EBF
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>School District Name and Number</b>				
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> Are you serving up to 15 Districts?				

[Save Page](#)

Site Name	Reg-Co-Dist-Type-Site Code	Grades Served	Projected Number of Students Served	Serving Site Claims for EBF
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>School District Name and Number</b>				
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

☐ Are you serving up to 15 Districts?

[Add Additional Entries](#) [Save Page](#)

**Additional Site Name**

**Reg-Co-Dist-Type-  
Site Code**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	

**School District Name and Number**

**Grades Served**

**Projected  
Number of  
Students  
Served**

**Serving  
Site  
Claims  
for EBF**

1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						
<a href="#">Objective 1</a>	<a href="#">Objective 2</a>	<a href="#">Objective 3</a>	<a href="#">Objective 4</a>	<a href="#">Objective 5</a>	<a href="#">Objective 6</a>						

### Objectives and Activities - Objective 1

[Instructions](#)

Describe the program objective below. Use the following pages if there are additional objectives. Up to 6 objectives may be included. Provide all service information related to this objective.

[Click here to view definitions of services/activities](#)

#### Program Objective\*

(0 of 1000 maximum characters used)

#### Type of Program for this Objective (check either or both as appropriate)

☐ Truancy Intervention (Supplemental Services)

☐ Optional/Alternative Education

Service/Activity - include ONLY if funded by TAOEP funds	Service Frequency	Number of Dropout Students to be Served	Number of Chronic Truant Students to be Served	Number of Truant Students to be Served	Number of Potential Dropout Students to be Served	Title of Staff Primarily Responsible for Delivery of Service
<i>Example: Academic Counseling</i>	<i>1/wk</i>	<i>0</i>	<i>5</i>	<i>2</i>	<i>10</i>	<i>Academic Counselor</i>
<b>ACADEMIC SERVICES</b>						
<input type="checkbox"/> Academic Instruction						
<input type="checkbox"/> Academic Counseling						
<input type="checkbox"/> GED Instruction						
<input type="checkbox"/> Enrolled in Community College Courses						
<input type="checkbox"/> Enrolled in Evening School Classes						
<input type="checkbox"/> Participation in Credit Recovery Program						
<input type="checkbox"/> Enrolled in Summer School Classes						
<input type="checkbox"/> Tutoring						
<input type="checkbox"/> Use software provided by TAOEP Professional Development						
<b>NON-ACADEMIC SERVICES</b>						
<input type="checkbox"/> Court-Related Services						
<input type="checkbox"/> Day Care Services						
<input type="checkbox"/> Health-Related Services						
<input type="checkbox"/> Home Visits						
<input type="checkbox"/> Life Skills Training						
<input type="checkbox"/> Mentoring						
<input type="checkbox"/> Parenting Classes for Students						
<input type="checkbox"/> Personal Counseling						
<input type="checkbox"/> Referral for Social/Academic Services						

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<input type="checkbox"/> Monitoring						
<input type="checkbox"/> Support Services for Parents/Families						
<input type="checkbox"/> Transportation						
<b>CAREER RELATED</b>						
<input type="checkbox"/> Career Services						
<input type="checkbox"/> Work Experience						
<b>OTHER SERVICES</b>						
<input type="checkbox"/> Other Services 1 - list						
<input type="checkbox"/> Other Services 2 - list						

Save Page

\*Required field

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						
<a href="#">Objective 1</a>	<a href="#">Objective 2</a>	<a href="#">Objective 3</a>	<a href="#">Objective 4</a>	<a href="#">Objective 5</a>	<a href="#">Objective 6</a>						

### Objectives and Activities - Objective 2

[Instructions](#)

Describe the program objective below. Use the following pages if there are additional objectives. Up to 6 objectives may be included. Provide all service information related to this objective.

[Click here to view definitions of services/activities](#)

#### Program Objective

(0 of 1000 maximum characters used)

#### Type of Program for this Objective (check either or both as appropriate)

☐ Truancy Intervention (Supplemental Services)

☐ Optional/Alternative Education

Service/Activity - include ONLY if funded by TAOEP funds	Service Frequency	Number of Dropout Students to be Served	Number of Chronic Truant Students to be Served	Number of Truant Students to be Served	Number of Potential Dropout Students to be Served	Title of Staff Primarily Responsible for Delivery of Service
<i>Example: Academic Counseling</i>	<i>1/wk</i>	<i>0</i>	<i>5</i>	<i>2</i>	<i>10</i>	<i>Academic Counselor</i>
<b>ACADEMIC SERVICES</b>						
<input type="checkbox"/> Academic Instruction						
<input type="checkbox"/> Academic Counseling						
<input type="checkbox"/> GED Instruction						
<input type="checkbox"/> Enrolled in Community College Courses						
<input type="checkbox"/> Enrolled in Evening School Classes						
<input type="checkbox"/> Participation in Credit Recovery Program						
<input type="checkbox"/> Enrolled in Summer School Classes						
<input type="checkbox"/> Tutoring						
<input type="checkbox"/> Use software provided by TAOEP Professional Development						
<b>NON-ACADEMIC SERVICES</b>						
<input type="checkbox"/> Court-Related Services						
<input type="checkbox"/> Day Care Services						
<input type="checkbox"/> Health-Related Services						
<input type="checkbox"/> Home Visits						
<input type="checkbox"/> Life Skills Training						
<input type="checkbox"/> Mentoring						
<input type="checkbox"/> Parenting Classes for Students						
<input type="checkbox"/> Personal Counseling						
<input type="checkbox"/> Referral for Social/Academic Services						
<input type="checkbox"/> Monitoring						

# Grant Application located in IWAS

<input type="checkbox"/> Support Services for Parents/Families	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CAREER RELATED</b>						
<input type="checkbox"/> Career Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work Experience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>OTHER SERVICES</b>						
<input type="checkbox"/> Other Services 1 - list <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Services 2 - list <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Students To Be Served

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\*Required field

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						
<a href="#">Objective 1</a>	<a href="#">Objective 2</a>	<a href="#">Objective 3</a>	<a href="#">Objective 4</a>	<a href="#">Objective 5</a>	<a href="#">Objective 6</a>						

### Objectives and Activities - Objective 3

[Instructions](#)

Describe the program objective below. Use the following pages if there are additional objectives. Up to 6 objectives may be included. Provide all service information related to this objective.

[Click here to view definitions of services/activities](#)

#### Program Objective

(0 of 1000 maximum characters used)

#### Type of Program for this Objective (check either or both as appropriate)

☐ Truancy Intervention (Supplemental Services)

☐ Optional/Alternative Education

Service/Activity - include ONLY if funded by TAOEP funds	Service Frequency	Number of Dropout Students to be Served	Number of Chronic Truant Students to be Served	Number of Truant Students to be Served	Number of Potential Dropout Students to be Served	Title of Staff Primarily Responsible for Delivery of Service
<i>Example: Academic Counseling</i>	<i>1/wk</i>	<i>0</i>	<i>5</i>	<i>2</i>	<i>10</i>	<i>Academic Counselor</i>
<b>ACADEMIC SERVICES</b>						
<input type="checkbox"/> Academic Instruction						
<input type="checkbox"/> Academic Counseling						
<input type="checkbox"/> GED Instruction						
<input type="checkbox"/> Enrolled in Community College Courses						
<input type="checkbox"/> Enrolled in Evening School Classes						
<input type="checkbox"/> Participation in Credit Recovery Program						
<input type="checkbox"/> Enrolled in Summer School Classes						
<input type="checkbox"/> Tutoring						
<input type="checkbox"/> Use software provided by TAOEP Professional Development						
<b>NON-ACADEMIC SERVICES</b>						
<input type="checkbox"/> Court-Related Services						
<input type="checkbox"/> Day Care Services						
<input type="checkbox"/> Health-Related Services						
<input type="checkbox"/> Home Visits						
<input type="checkbox"/> Life Skills Training						
<input type="checkbox"/> Mentoring						
<input type="checkbox"/> Parenting Classes for Students						
<input type="checkbox"/> Personal Counseling						
<input type="checkbox"/> Referral for Social/Academic Services						
<input type="checkbox"/> Monitoring						

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<input type="checkbox"/> Support Services for Parents/Families	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CAREER RELATED</b>						
<input type="checkbox"/> Career Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work Experience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>OTHER SERVICES</b>						
<input type="checkbox"/> Other Services 1 - list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Services 2 - list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Students To Be Served

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\*Required field

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						
<a href="#">Objective 1</a>	<a href="#">Objective 2</a>	<a href="#">Objective 3</a>	<a href="#">Objective 4</a>	<a href="#">Objective 5</a>	<a href="#">Objective 6</a>						

### Objectives and Activities - Objective 4

[Instructions](#)

Describe the program objective below. Use the following pages if there are additional objectives. Up to 6 objectives may be included. Provide all service information related to this objective.

[Click here to view definitions of services/activities](#)

#### Program Objective

(0 of 1000 maximum characters used)

#### Type of Program for this Objective (check either or both as appropriate)

☐ Truancy Intervention (Supplemental Services)

☐ Optional/Alternative Education

Service/Activity - include ONLY if funded by TAOEP funds	Service Frequency	Number of Dropout Students to be Served	Number of Chronic Truant Students to be Served	Number of Truant Students to be Served	Number of Potential Dropout Students to be Served	Title of Staff Primarily Responsible for Delivery of Service
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<b>ACADEMIC SERVICES</b>						
<input type="checkbox"/> Academic Instruction						
<input type="checkbox"/> Academic Counseling						
<input type="checkbox"/> GED Instruction						
<input type="checkbox"/> Enrolled in Community College Courses						
<input type="checkbox"/> Enrolled in Evening School Classes						
<input type="checkbox"/> Participation in Credit Recovery Program						
<input type="checkbox"/> Enrolled in Summer School Classes						
<input type="checkbox"/> Tutoring						
<input type="checkbox"/> Use software provided by TAOEP Professional Development						
<b>NON-ACADEMIC SERVICES</b>						
<input type="checkbox"/> Court-Related Services						
<input type="checkbox"/> Day Care Services						
<input type="checkbox"/> Health-Related Services						
<input type="checkbox"/> Home Visits						
<input type="checkbox"/> Life Skills Training						
<input type="checkbox"/> Mentoring						
<input type="checkbox"/> Parenting Classes for Students						
<input type="checkbox"/> Personal Counseling						
<input type="checkbox"/> Referral for Social/Academic Services						
<input type="checkbox"/> Monitoring						

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<input type="checkbox"/> Support Services for Parents/Families	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CAREER RELATED</b>						
<input type="checkbox"/> Career Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work Experience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>OTHER SERVICES</b>						
<input type="checkbox"/> Other Services 1 - list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Services 2 - list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Students To Be Served

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						
<a href="#">Objective 1</a>	<a href="#">Objective 2</a>	<a href="#">Objective 3</a>	<a href="#">Objective 4</a>	<a href="#">Objective 5</a>	<a href="#">Objective 6</a>						

### Objectives and Activities - Objective 5

[Instructions](#)

Describe the program objective below. Use the following page if there is an additional objective. Up to 6 objectives may be included. Provide all service information related to this objective.

[Click here to view definitions of services/activities](#)

#### Program Objective

(0 of 1000 maximum characters used)

#### Type of Program for this Objective (check either or both as appropriate)

☐ Truancy Intervention (Supplemental Services)

☐ Optional/Alternative Education

Service/Activity - include ONLY if funded by TAOEP funds	Service Frequency	Number of Dropout Students to be Served	Number of Chronic Truant Students to be Served	Number of Truant Students to be Served	Number of Potential Dropout Students to be Served	Title of Staff Primarily Responsible for Delivery of Service
<i>Example: Academic Counseling</i>	<i>1/wk</i>	<i>0</i>	<i>5</i>	<i>2</i>	<i>10</i>	<i>Academic Counselor</i>
<b>ACADEMIC SERVICES</b>						
<input type="checkbox"/> Academic Instruction						
<input type="checkbox"/> Academic Counseling						
<input type="checkbox"/> GED Instruction						
<input type="checkbox"/> Enrolled in Community College Courses						
<input type="checkbox"/> Enrolled in Evening School Classes						
<input type="checkbox"/> Participation in Credit Recovery Program						
<input type="checkbox"/> Enrolled in Summer School Classes						
<input type="checkbox"/> Tutoring						
<input type="checkbox"/> Use software provided by TAOEP Professional Development						
<b>NON-ACADEMIC SERVICES</b>						
<input type="checkbox"/> Court-Related Services						
<input type="checkbox"/> Day Care Services						
<input type="checkbox"/> Health-Related Services						
<input type="checkbox"/> Home Visits						
<input type="checkbox"/> Life Skills Training						
<input type="checkbox"/> Mentoring						
<input type="checkbox"/> Parenting Classes for Students						
<input type="checkbox"/> Personal Counseling						
<input type="checkbox"/> Referral for Social/Academic Services						
<input type="checkbox"/> Monitoring						

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<input type="checkbox"/> Support Services for Parents/Families	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CAREER RELATED</b>						
<input type="checkbox"/> Career Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work Experience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>OTHER SERVICES</b>						
<input type="checkbox"/> Other Services 1 - list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Services 2 - list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Students To Be Served

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<a href="#">Districts To Be Served</a>	<a href="#">Abstract</a>	<a href="#">Projected Sites</a>	<a href="#">Objectives and Activities</a>	<a href="#">Narrative Pages</a>	<a href="#">IOEP Form And Service Agreement</a>						
<a href="#">Objective 1</a>	<a href="#">Objective 2</a>	<a href="#">Objective 3</a>	<a href="#">Objective 4</a>	<a href="#">Objective 5</a>	<a href="#">Objective 6</a>						

### Objectives and Activities - Objective 6

[Instructions](#)

Describe the program objective below. Up to 6 objectives may be included. Provide all service information related to this objective.

[Click here to view definitions of services/activities](#)

#### Program Objective

(0 of 1000 maximum characters used)

#### Type of Program for this Objective (check either or both as appropriate)

☐ Truancy Intervention (Supplemental Services)

☐ Optional/Alternative Education

Service/Activity	Service Frequency	Number of Dropout Students to be Served	Number of Chronic Truant Students to be Served	Number of Truant Students to be Served	Number of Potential Dropout Students to be Served	Title of Staff Primarily Responsible for Delivery of Service
<i>Example: Academic Counseling</i>	<i>1/wk</i>	<i>0</i>	<i>5</i>	<i>2</i>	<i>10</i>	<i>Academic Counselor</i>
<b>ACADEMIC SERVICES</b>						
<input type="checkbox"/> Academic Instruction						
<input type="checkbox"/> Academic Counseling						
<input type="checkbox"/> GED Instruction						
<input type="checkbox"/> Enrolled in Community College Courses						
<input type="checkbox"/> Enrolled in Evening School Classes						
<input type="checkbox"/> Participation in Credit Recovery Program						
<input type="checkbox"/> Enrolled in Summer School Classes						
<input type="checkbox"/> Tutoring						
<input type="checkbox"/> Use software provided by TAOEP Professional Development						
<b>NON-ACADEMIC SERVICES</b>						
<input type="checkbox"/> Court-Related Services						
<input type="checkbox"/> Day Care Services						
<input type="checkbox"/> Health-Related Services						
<input type="checkbox"/> Home Visits						
<input type="checkbox"/> Life Skills Training						
<input type="checkbox"/> Mentoring						
<input type="checkbox"/> Parenting Classes for Students						
<input type="checkbox"/> Personal Counseling						
<input type="checkbox"/> Referral for Social/Academic Services						
<input type="checkbox"/> Monitoring						

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<input type="checkbox"/> Support Services for Parents/Families	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>CAREER RELATED</b>						
<input type="checkbox"/> Career Services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Work Experience	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>OTHER SERVICES</b>						
<input type="checkbox"/> Other Services 1 - list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other Services 2 - list	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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<a href="#">Proposal Narrative Helps and Instructions</a>	<a href="#">Project Need</a>	<a href="#">Criteria and Indicators for Identification</a>	<a href="#">Program Objectives and Activities</a>	<a href="#">Strategies</a>	<a href="#">Evaluation</a>	<a href="#">Cost-Effectiveness Narrative</a>					

### Helps and Instructions

[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. The IOEP Form page has a place to upload any such documentation that is considered important to the application.
- 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.

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### Project Need Narrative

[Instructions](#)

**There is sufficient need for the program/services, as evidence by the number or proportion of students identified as eligible for program services (see Section 205.20(b) of this Part).**

*If applying as a single district entity, please provide district-wide data from the most current Illinois School Report Card for #1-3 below. If applying on behalf of multiple school districts, please enter a weighted average or N/A and ISBE will calculate it. ISBE will verify all %'s prior to scoring.*

**1. The chronic truancy or dropout rate is within the top quartile of the state based upon the most current Illinois School Report Card.**

Chronic Truancy Percentage Rate:

Dropout Percentage Rate:

**2. The chronic truancy or dropout rate is at or above the statewide average based upon the most current Illinois School Report Card.**

Chronic Truancy Percentage Rate:

Dropout Percentage Rate:

**3. Over the last three school years, the chronic truancy or dropout rate increased each year based upon the most current Illinois School Report Card.**

(0 of 500 maximum characters used)

**4. Describe the factors or conditions that contribute to the truancy and dropout rates in your community.**

(0 of 500 maximum characters used)

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<a href="#">Proposal Narrative Helps and Instructions</a>	<a href="#">Project Need</a>	<a href="#">Criteria and Indicators for Identification</a>	<a href="#">Program Objectives and Activities</a>	<a href="#">Strategies</a>	<a href="#">Evaluation</a>	<a href="#">Cost-Effectiveness Narrative</a>					

### Criteria and Indicators for Identification Narrative

[Instructions](#)

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.

1. What criteria and/or indicators will you use to identify students who are eligible for services beyond just the state definitions for truant, chronic truant, dropout, and/or potential dropout.

(0 of 3500 maximum characters used)

2. How will your proposal contribute to more equitable outcomes for students in your community?

(0 of 3500 maximum characters used)

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**3. Describe how stakeholders were engaged to identify the services that are or could be made available for those students most in need.**

(0 of 3500 maximum characters used)

**4. How will the program implement a Multi-Tiered System of Support (or other framework or approach) to ensure that students most in need of support are prioritized for services?**

(0 of 3500 maximum characters used)

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### Program Objectives and Activities Narrative

[Instructions](#)

**Program objectives and activities are well-defined, linked to identified needs, and likely to lead to improved outcomes for the students served in the program.**

**1. State the specific quantifiable objectives of the proposal and the timelines in which they will be met.**

(0 of 3500 maximum characters used)

**2. Describe in detail the activities that will contribute to meeting program objectives and provides the research or data the applicant relied upon in selecting the activities.**

(0 of 3500 maximum characters used)

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**3. Provide a timeline for implementation of program activities and anticipated challenges.**

(0 of 3500 maximum characters used)

**4. What grant monitoring strategies will be used to ensure program objectives and activities are on track?**

(0 of 3500 maximum characters used)

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<a href="#">Proposal Narrative Helps and Instructions</a>	<a href="#">Project Need</a>	<a href="#">Criteria and Indicators for Identification</a>	<a href="#">Program Objectives and Activities</a>	<a href="#">Strategies</a>	<a href="#">Evaluation</a>	<a href="#">Cost-Effectiveness Narrative</a>					

### Strategies Narrative

[Instructions](#)

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.

1. Describe the current services already being offered and why they are not sufficient to decrease the dropout rate and increase school attendance.

(0 of 3500 maximum characters used)

2. Describe how this proposal will provide services or interventions beyond what is already offered by the regular school program to more effectively decrease the dropout rate and increase school attendance.

(0 of 3500 maximum characters used)

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### Evaluation Narrative

[Instructions](#)

The evaluation strategies will effectively gauge the success of the program and yield sufficient data that can be used to improve the program.

1. Describe how the program will collect, analyze, and utilize data to improve program effectiveness or efficiency.

(0 of 3500 maximum characters used)

2. Describe alternative strategies, plans, or ideas that will be considered in the event that data shows programs goals are not being achieved.

(0 of 3500 maximum characters used)

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<a href="#">Proposal Narrative Helps and Instructions</a>	<a href="#">Project Need</a>	<a href="#">Criteria and Indicators for Identification</a>	<a href="#">Program Objectives and Activities</a>	<a href="#">Strategies</a>	<a href="#">Evaluation</a>	<a href="#">Cost-Effectiveness Narrative</a>					

### Cost-Effectiveness Narrative

[Instructions](#)

**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. Explain how you estimated the number of students to be served under the program.

(0 of 3500 maximum characters used)

#### 2. What process did you follow to ensure that the budget for your proposal is reasonable and cost effective?

(0 of 3500 maximum characters used)

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**3. What services, ideas, or interventions have been considered that are not currently part of the proposal but could be implemented if the proposal is not fully funded?**

(0 of 3500 maximum characters used)

**4. Provide a plan to sustain the program beyond the life of the grant to the extent services are still needed.**

(0 of 3500 maximum characters used)

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### IOEP Form and Service Agreement File Upload

[Instructions](#)

#### Required Document Upload

This page allows an applicant to upload additional information as noted below:

1. Upload the REQUIRED copy of the IOEP Form, preferably as a PDF.
2. Upload up to three OPTIONAL pages of additional supporting documentation that could not be included in the narrative proposal text areas including, but not limited to, charts and graphs. Such charts and graphs cannot be included in the narrative text but could be referenced there and uploaded on this page. This document should also be submitted as a PDF.
3. Upload a PDF copy of the Service Agreement with authorized signatures from all participating organizations, IF APPLICABLE. See Program Assurances #7 for additional information.

At the most, three documents should be uploaded:

1. The first document, required of all applicants, is the IOEP Form. It should be labeled with the Region-County-District-Type code number of the applicant, followed by a hyphen, and the letters IOEP.  
*Example: Champaign-Ford Regional Office of Education would name the first upload as 09-000-0000-00-IOEP.*
2. The second document is optional. For review purposes, only the first three pages of this document will be evaluated. Any pages beyond three will be ignored and will not count in the proposal scoring. If uploaded, this document should be labeled with the Region-County-District-Type code number of the applicant, followed by a hyphen, and the word Addendum.  
*Example: Champaign-Ford Regional Office of Education decides to upload a two-page addendum to the narrative that includes a chart and two graphs. In the narrative proposal pages, the chart and graphs would be referenced by title, along with the note SEE UPLOAD included. The document itself should include those same titles. It should be named 09-000-0000-00-Addendum.*

**Caution: Only three Addendum pages will be evaluated. Any Addendum pages beyond the allowable limit will be ignored during the proposal review.**

3. The third document is required only if applicable. A Service Agreement is necessary if an eligible entity is serving another eligible entity (that is applying for or currently has a TAOEP grant) so it is clear that duplicative services are not being provided.  
*Example: The ROE is serving school district A for Truancy Intervention. School district A also has a grant for Truancy Intervention. The Service Agreement specifies that school district A serves its students with tutoring services in-house and the ROE provides court services.*

**NOTE: If more than three documents are uploaded, only the first three on the list of uploaded files will be evaluated during the proposal review.**

1. Upload a copy of your proposed IOEP Form using the Browse and Upload buttons below. (Do not use any symbols in the document name.)\* Repeat this action to upload up to three optional pages of additional information, as well as the Service Agreement, if applicable.

#### How to Upload a File

- Browse your files to locate the required document.
- Double-click to display it in the Browser window.
- Click on the Upload button.
- The name of the uploaded document will display in the area below.

[Choose File](#) [No file chosen](#)

Any uploaded files will appear below.

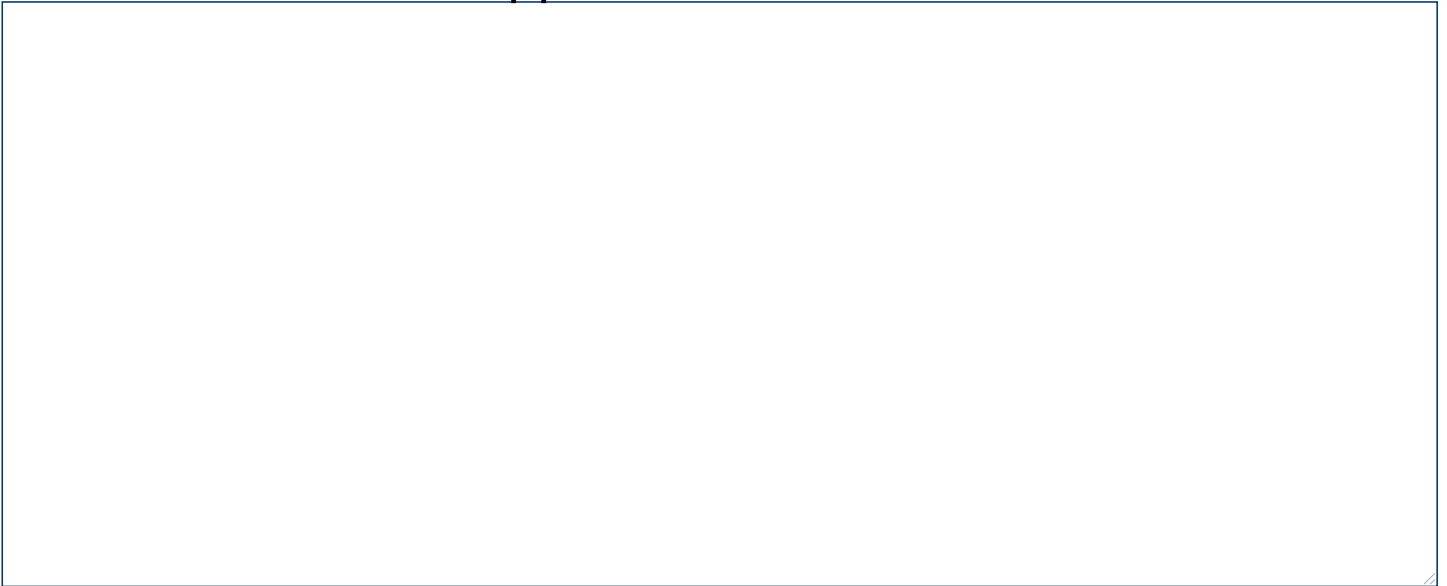
[FY25 red line copy.pdf](#)  
[FY25 TAOEP FAQ.docx](#)  
[FY25 TAOEP Priority Points.pdf](#)

2. Check one or more boxes below as appropriate.

- ☒ The IOEP form has been uploaded.
- ☒ An addendum document has been uploaded.
- ☒ A signed Service Agreement between all parties specifying non-duplicative services has been uploaded, if applicable.

3. Provide any necessary comments or explanations related to uploaded files below.

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<a href="#">Mid-Year Report</a>					<a href="#">Progress Report</a>						

### Mid-Year Report

[Instructions](#)

**Applicants that received funding in FY 2024 must complete this page. Applicants who applied for previous year funding but did not receive it must enter a date of 1/1/2025, check all boxes, and enter zeros in all other applicable boxes. If you did not receive a grant last year, you must still save the page to continue.**

- Provide the closing date of Mid-Year Report in MM/dd/yyyy format:
- Indicate the type of program(s) offered in FY 2024. Check one or both as applicable.  
☒ Truancy Intervention (Supplemental Services) ☐ Optional/Alternative Education

3. Indicate the number of students served in FY 2024 with continuation funds according to the students' status. (This count must be documented by the presence of an IOEP or Service Plan as required by Section 205.35(b) of the rules governing Truants' Alternative and Optional Education Program, 23 IL Adm Code 205.)

Type of Students Served	Number to be Served Prepopulated from FY 2024 Continuation	Number of Students Actually Served at Mid-Year	Percentage of Proposed Students Actually Served at Mid-Year (expressed as a decimal)
Dropout Students	<input type="text" value="25"/>	<input type="text"/>	<input type="text" value="0"/>
Chronic Truant Students	<input type="text" value="230"/>	<input type="text"/>	<input type="text" value="0"/>
Truant Students	<input type="text" value="630"/>	<input type="text"/>	<input type="text" value="0"/>
Potential Dropout students	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="0"/>
<b>Totals</b>	<input type="text" value="885"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

- The three documents listed below must be submitted electronically to ISBE. Save each in PDF format, using student end-of-year report data from IWAS where applicable. Use the naming instructions below for each document to make them readily identifiable. Upload the information using the File Upload button below.

After uploading each document, check the box next to the document name. All documents are required and all checkboxes must be checked in order to save the page and submit the application.

**DO NOT SUBMIT INDIVIDUAL STUDENT RECORDS.**

- ☒ A. The Summary of Students Served Report has been uploaded.\*

Summary of Students Served Report (all sites) - 3-page report.

Name the document Student Report, followed by a hyphen, followed by your Region-County-District-Type code number. For example, Chicago Public Schools would name their document:

***StudentReport-15-016-2990-25***

- ☒ B. The Summary of Credits and/or Attendance Report has been uploaded.\*

Summary of Credits and/or Attendance Report - 1-page report.

Name the document Credit Report, followed by a hyphen, followed by your Region-County-District-Type code number. For example:

***CreditReport-15-016-2990-25***

- ☒ C. The IOEP Form has been uploaded.\*

Copy of a blank IOEP Form.

Name the document IOEP Form, followed by a hyphen, followed by your Region-County-District-Type code number. For example:

***IOEPForm-15-016-2990-25***

**Browse your files to locate the required document. Double-click to display it in the Browser window. Click on the Upload button. The name of the uploaded document will display in the area below.**

Choose File

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Any uploaded files will appear below. Files can be deleted by selecting the document to be deleted and clicking on the Delete Selected Files button below. Please note that files can be deleted only until the application is transmitted to ISBE.

[FY25 red line copy.pdf](#)  
[FY25 TAOEP FAQ.docx](#)  
[FY25 TAOEP Priority Points.pdf](#)

\*Required field

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### Progress Report - Objective Descriptions

[Instructions](#)

**Applicants that received funding in FY 2024 must complete this page. Applicants that applied for previous year funding but did not receive funding must enter N/A in the Objective and Explanation areas and check any box. If you did not receive a grant last year, you must still save the page to continue.**

Objective 1 from the prior year proposal or continuation grant

- ☒ The objective has been met.
- ☐ The objective has not been met but it is anticipated to be met by following the services and activities as outlined on the prior year approved proposal.
- ☐ The objective has not been met and services and/or activities must be amended.

Provide the proposed amended outcomes, services, and activities. Include the justification for why the change is needed. For example: The original objective has been determined to be unrealistic based upon program and student needs.

Additional objective(s) from the prior year proposal or continuation grant

- ☐ The objective has been met.
- ☐ The objective has not been met but it is anticipated to be met by following the services and activities as outlined on the prior year approved proposal.
- ☒ The objective has not been met and services and/or activities must be amended.

Provide the proposed amended outcomes, services, and activities. Include the justification for why the change is needed. For example: The original objective has been determined to be unrealistic based upon program and student needs.

\*Required field

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<a href="#">Cost Effectiveness</a>	<a href="#">Indirect Cost Calculation</a>				<a href="#">Budget Detail</a>	<a href="#">Budget</a>	<a href="#">Payment Schedule</a>				

### Cost Effectiveness

[Instructions](#)

#### A. Staff FTE Information\*

Enter Staff FTE with two decimal places. Include fringe benefits when reporting salaries. If Other Funds are indicated, provide the source of funds in the corresponding Source of Other Funds field. See an example in the first row below.

<u>Staff FTE</u>	<u>Local Funds</u>	<u>TAOEP Funds</u>	<u>Other Funds</u>	<u>Source of Other Funds</u>	<u>Total Funds</u>	<u>Position</u>
1.25	10000	25000	2500	County medical association	37500	Caseworkers (example row)
						Caseworkers
						High School Teachers (9-12)
						Elementary Teachers (K-8)
						Aides
						Counselors
						Administrators
						Social Workers
						Psychologists
						Tutors
						Mentors
						Other Staff (list)
						Other Expenditures 1 (describe)
						Other Expenditures 2 (describe)
						Other Expenditures 3 (describe)
						Other Expenditures 4 (describe)
						<b>GRAND TOTALS</b>

#### B. Student Information

The student information below is prepopulated from the Students To Be Served page. Any changes must be made on that page.

<b>Students To Be Served</b>	<b>Supplemental Services as Truancy Intervention</b>	<b>Optional Education/Alternative</b>	<b>Total To Be Served</b>
Total Dropouts To Be Served			
Total Chronic Truants To Be Served			
Total Truants To Be Served			
Total Potential Dropouts To Be Served			
<b>TO BE SERVED GRAND TOTALS</b>			

#### C. Cost Per Student Calculations

1. Enter the total FTEs by program type. Do not leave any text field blank; type `0` for no students served.

	<b>Truancy Intervention</b>	<b>Optional Education</b>	<b>Total Program</b>
Total FTE to Serve Students*			

2. Enter total funds requested by program type. Do not leave any text field blank; type `0` if no funding is requested. Cost per student totals will be calculated when the page is saved.

Total Request TAOEP Funds for Services*			
Approximate Cost Per Student (*Cost per Student=TAOEP funds/Students Served)			

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**D. Allocation Comparison**

1. Enter the FY 2024 ACTUAL allocation. If a grant was not awarded last year, enter 0.\*
2. Enter the FY 2024 REQUESTED allocation. If a grant was not awarded last year, enter 0.\*
3. Enter the FY 2025 REQUESTED allocation.\*
4. Provide the reason(s) for any increase or decrease from the prior year requested allocation entered above. If no change from the prior year, enter N/A.\*

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\*Required field

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### Indirect Cost Calculation

[Instructions](#)

***This page will not be active for programs that have an UNRESTRICTED indirect cost rate (share information with the Budget Detail page) until indirect cost rates are determined for the grant year. It will become active and will be required later in the fiscal year when the updated indirect cost rates for all entities are available. The information presented below is for your information and planning purposes until that time. Please complete item C below. Watch for an IWAS message indicating that rates are loaded to amend and budget for indirect costs.***

#### A. Rates to Be Used for Calculating Indirect Costs

1. If the program is mandated to use a RESTRICTED rate, these rates will be loaded:

*NOTE: Each individual grant may have a lower restricted rate cap.*

- a. LEAs - rates calculated from the Annual Financial Report
- b. ROEs, ISCs, EFEs, charter schools, university lab schools, and special education joint agreements - the statewide average rate
- c. Colleges and universities - 8%
- d. Not-for-profit and community organizations - as selected by the entity; options are 0%, 10% de minimis, or negotiated rate

2. If the program allows an UNRESTRICTED rate, these rates will be loaded:

- a. LEAs - rates calculated from the Annual Financial Report
- b. ROEs, ISCs, EFEs, charter schools, university lab schools, and special education joint agreements - the statewide average rate
- c. Colleges and universities - 8%
- d. Not-for-profit and community organizations - as selected by the entity; options are 0%, 10% de minimis, or negotiated rate

#### B. Basis for Calculating Indirect Costs

1. If RESTRICTED rates are used, the Modified Total Direct Cost (MTDC) will be used as the direct cost base.
2. If UNRESTRICTED rates are used, the MTDC will be used as the direct cost base for:
  - a. LEAs
  - b. ROEs, ISCs, EFEs, charter schools, university lab schools, and special education joint agreements - the statewide average rate
  - c. Colleges and universities
  - d. For-profit, not-for-profit or community organizations taking the de minimis rate of 10%
3. If UNRESTRICTED rates are used, for-profit and not-for profit community organizations that have a Federal/GOMB negotiated rate may apply their indirect cost rate to a direct cost base other than MTDC, if approved.

**THE INDIRECT COST RATE FOR THIS PROGRAM IS: UNRESTRICTED**

**C. Identify the type of organization applying below. For types (a) through (d), the rate displays on the Budget Detail page and automatically calculates the maximum allowable amount. For type (d), additional questions will appear and must be completed before completing the Budget Detail page.**

- ☐ (a) LEAs
- ☐ (b) ROEs, ISCs, EFEs, charter schools, university lab schools, and special education joint agreements - the statewide average rate
- ☐ (c) Colleges and universities
- ☐ (d) For-profit/Not-for-profit or community organizations using:  
- a de minimis rate of 10%,  
- a rate of 0% (waive), or  
- a Federal/GOMB negotiated rate

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v.02.08.2024

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**Budget Detail** BUDGET BREAKDOWN (Use whole dollars only. Omit Decimal Places, e.g., \$2536)

[Instructions](#)

Itemize and explain each expenditure amount that appears on the Budget Summary. Provide a complete breakdown of eligible employee benefits. Federal Funds: Please review the Instructions link for details that apply to your specific grant regarding Teachers' Retirement System (TRS). Contact your program consultant with any additional questions you may have regarding TRS contributions. Click on the "Create Additional Entries" button to enter additional information.

[Description of Function Codes and Object Codes](#)

Function Code	Object Code	Exclude from MTDC**	Expenditure Description and Itemization	TAOEP-RFP Funds	Delete Row
<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>
<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>
<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>
<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>
<input type="text" value="v"/>	<input type="text" value="v"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="checkbox"/>

[Create Additional Entries](#)

Total Direct Costs	<input type="text" value="0"/>
Less Functions 2530 and 4000, Capital Outlay Costs, Contract amounts over \$25,000	<input type="text" value="0"/>
Modified Total Direct Costs	<input type="text" value="0"/>
Indirect Cost Rate %	<input type="text" value="0.00"/>
Maximum Indirect Cost *	<input type="text" value="0"/>

Indirect Cost

Total Allotment

Grand Total   
Allotment Remaining

[NOTE: READ BEFORE IMPORTING - Data Import Instructions](#)

[Data Import Template](#)

No file chosen

\*If expenditures are budgeted in Functions 2510, 2520, 2570, 2640, or 2660 by an LEA, the indirect cost rate cannot be used

\*\*Contracts over \$25,000 must be entered in separate line items and the Exclude from Modified Total Direct Cost (MTDC) box selected.

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## eGMS - Grants Application

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<a href="#">Cost Effectiveness</a>		<a href="#">Indirect Cost Calculation</a>			<a href="#">Budget Detail</a>		<a href="#">Budget</a>		<a href="#">Payment Schedule</a>		

**Budget** (Read Only)

[Instructions](#)

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 Costs									
30	Indirect Costs									
31	Total Budget									

\* If expenditures are shown, the indirect cost rate cannot be used.

\*\* Capital Outlay cannot be included in the indirect cost calculation.

Superintendent Name: Not calling IWAS Web Service

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<a href="#">Cost Effectiveness</a>	<a href="#">Indirect Cost Calculation</a>				<a href="#">Budget Detail</a>	<a href="#">Budget</a>	<a href="#">Payment Schedule</a>				

### Payment Schedule

[Instructions](#)

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

Month	Payment Amount
July	<input type="text" value="0"/>
August	<input type="text" value="0"/>
September	<input type="text" value="0"/>
October	<input type="text" value="0"/>
November	<input type="text" value="0"/>
December	<input type="text" value="0"/>
January	<input type="text" value="0"/>
February	<input type="text" value="0"/>
March	<input type="text" value="0"/>
April	<input type="text" value="0"/>
May	<input type="text" value="0"/>
June	<input type="text" value="0"/>
<b>Total \$</b>	<input type="text" value="0"/>

Budget Detail Total	<input type="text" value="0"/>
Amount Remaining	<input type="text" value="0"/>

[Calculate Total](#)

[Save Page](#)

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