

**Uniform Application for State Grant Assistance  
Illinois State Board of Education**

**Agency Completed Section**

|  |   |  |
|--|---|--|
| 1.   | Type of Submission                                  | <input type="checkbox"/> Pre-application<br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Changed/Corrected Application                                  |
| 2.   | Type of Application                                 | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Continuation (i.e. multiple year grant)<br><input type="checkbox"/> Revision (modification to initial application) |
| 3.   | Date/Time Received by State                         | <b>Completed by State Agency upon Receipt of Application</b>   |
| 4.   | Name of the Awarding State Agency                   | <b>ILLINOIS STATE BOARD OF EDUCATION</b>   |
| 5.   | Catalog of State Financial Assistance (CSFA) Number | <b>586-18-0520</b>   |
| 6.   | CSFA Title  | <b>EARLY CHILDHOOD BLOCK GRANT-PREVENTION INITIATIVE FOR BIRTH TO AGE 3 YEARS</b>  |
| <b>Catalog of Federal Domestic Assistance (CFDA)</b> |   | <input checked="" type="checkbox"/> Not applicable (No federal funding)  |
| 7.   | CFDA Number   |  |
| 8.   | CFDA Title  |  |
| 9.   | CFDA Number   |  |
| 10.  | CFDA Title  |  |
| <b>Funding Opportunity Information</b>               |   |  |
| 11.  | Funding Opportunity Number                          | <b>586-18-0520</b>   |
| 12.  | Funding Opportunity Title                           | <b>PREVENTION INITIATIVE FOR BIRTH TO AGE 3 YEARS</b>  |
| 13.  | Funding Opportunity Program Field                   | <b>EARLY CHILDHOOD</b>   |
| <b>Competition Identification</b>                    |   | <input checked="" type="checkbox"/> Not Applicable   |
| 14.  | Competition Identification Number                   |  |
| 15.  | Competition Identification Title                    |  |

**Uniform Application for State Grant Assistance  
Illinois State Board of Education**

**Applicant Completed Section**

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

|     |   |  |
|-----|---|--|
| 16. | Legal Name<br>(Name used for DUNS registration and grantee pre-qualification) |  |
| 17. | Common Name (DBA)   |  |
| 18. | Employer/Taxpayer Identification Number (EIN, TIN)                            |  |
| 19. | Organizational DUNS Number  |  |
| 20. | SAM CAGE Code   |  |
| 21. | Business Address<br>(Street, City, State, County, Zip Code + 4)               |  |

**Applicant's Organizational Unit**

|     |                 |  |
|-----|-----------------|--|
| 22. | Department Name |  |
| 23. | Division Name   |  |

**Applicant's Name and Contact Information for Person to be Contacted for *Program* Matters involving this Application**

|     |                            |  |
|-----|----------------------------|--|
| 24. | First Name                 |  |
| 25. | Last Name                  |  |
| 26. | Suffix                     |  |
| 27. | Title                      |  |
| 28. | Organizational Affiliation |  |
| 29. | Telephone Number           |  |
| 30. | Fax Number                 |  |
| 31. | E-Mail Address             |  |

**Applicant's Name and Contact Information for Person to be Contacted for *Business/Administrative Office* Matters involving this Application**

|     |                            |  |
|-----|----------------------------|--|
| 32. | First Name                 |  |
| 33. | Last Name                  |  |
| 34. | Suffix                     |  |
| 35. | Title                      |  |
| 36. | Organizational Affiliation |  |
| 37. | Telephone Number           |  |
| 38. | Fax Number                 |  |
| 39. | E-Mail Address             |  |

**Uniform Application for State Grant Assistance  
Illinois State Board of Education**

**Applicant Completed Section (Continued)**

**Areas Affected**

|     |  |  |
|-----|--|--|
| 40. | Areas Affected by the Project (cities, counties, state-wide) | <i>Add Attachments (e.g., maps), if needed</i> |
| 41. | Legislative and Congressional Districts of Applicant         |  |
| 42. | Legislative and Congressional Districts of Program / Project | <i>Attach an additional list, if needed</i>    |

**Applicant's Project**

|     |  |   |
|-----|--|---|
| 43. | Description Title of Applicant's Project   | <i>Text only for the title of the applicant's project.</i>  |
| 44. | Proposed Project Term                      | Start Date: _____ End Date: _____   |
| 45. | Estimated Funding (include all that apply) | <input type="checkbox"/> Amount Requested from the State: \$ _____<br><input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): \$ _____<br><input type="checkbox"/> Local Contribution: \$ _____<br><input type="checkbox"/> Other Source of Contribution: \$ _____<br><input type="checkbox"/> Program Income: \$ _____<br><p align="right">Total Amount: \$ _____</p> |

**Applicant Certifications:**

By signing this application, I certify (1) to the statements contained in the list of Certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, Section 1001)

(\* The list of Certifications and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

I agree

**Authorized Representative**

|     |  |  |
|-----|--|--|
| 46. | First Name                             |  |
| 47. | Last Name                              |  |
| 48. | Suffix                                 |  |
| 49. | Title                                  |  |
| 50. | Telephone Number                       |  |
| 51. | Fax Number                             |  |
| 52. | E-Mail Address                         |  |
| 53. | Signature of Authorized Representative |  |
| 54. | Date Signed                            |  |

FY 2017  
 PREVENTION INITIATIVE

**FY17 Proposed Program Information**

**Prevention Initiative Program (Appendix D)**

*(Check all that apply. Do not duplicate children and families between the PI Programs).*

|   | Children to Be Served | Families to Be Served |
|---|-----------------------|-----------------------|
| <input type="checkbox"/> Home Visiting PI Program   | _____                 | _____                 |
| <input type="checkbox"/> Child Care Center-Based PI Program                               | _____                 | _____                 |
| <input type="checkbox"/> Able to access IDHS Child Care Assistance Program (CCAP) Funding |                       |                       |
| <input type="checkbox"/> Family Literacy PI Program                                       | _____                 | _____                 |
| <input type="checkbox"/> Able to access IDHS Child Care Assistance Program (CCAP Funding) |                       |                       |
| <input type="checkbox"/> Able to access funding for Alternative Adult Education           |                       |                       |

**Program Model for Parent Education**

|   |  |
|---|--|
| <input type="checkbox"/> Baby TALK                | <input type="checkbox"/> Parents as Teachers |
| <input type="checkbox"/> Early Head Start         | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Healthy Families America |  |

**Supplemental Services**

|  |   |
|--|---|
| <input type="checkbox"/> Doula Services      | <input type="checkbox"/> Touchpoints™                   |
| <input type="checkbox"/> Fussy Baby Network® | <input type="checkbox"/> Abriendo Puertas/Opening Doors |

**Type of Agency (Check all that apply)**

|   |   |
|---|---|
| <input type="checkbox"/> School District              | <input type="checkbox"/> Child Care Center Not-For-Profit |
| <input type="checkbox"/> Regional Office of Education | <input type="checkbox"/> Higher Education                 |
| <input type="checkbox"/> Community-based Organization | <input type="checkbox"/> Faith-based Organization         |
| <input type="checkbox"/> Other: _____                 |   |

Received funding for Prevention Initiative in FY16:  Yes  No

If yes: \$ \_\_\_\_\_ Funding received: \_\_\_\_\_ Children Served \_\_\_\_\_ Families Served \_\_\_\_\_

|   |  |
|---|--|
| NAME OF GRANT WRITER <input type="checkbox"/> Agency Staff <input type="checkbox"/> Ind. Contractor | SIGNATURE OF GRANT WRITER                          |
| NAME OF BUDGET CONTACT  | SIGNATURE OF BUDGET CONTACT                        |
| NAME OF SUPERINTENDENT OR AUTHORIZED OFFICIAL   | SIGNATURE OF SUPERINTENDENT OR AUTHORIZED OFFICIAL |
| DATE SIGNED BY SUPERINTENDENT OR AUTHORIZED OFFICIAL  |  |

**ILLINOIS STATE BOARD OF EDUCATION  
FY 2017 PREVENTION INITIATIVE  
JOINT APPLICATION**

**ATTACHMENT 1B  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

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

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

FY 2017  
PREVENTION INITIATIVE  
EVIDENCE OF EXISTING COMPETENCIES

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APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

**Directions:** Check one box only. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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**Applicant other than Public School Districts**

Include:

- Agency's mission statement,
- Goals or policies regarding early childhood programs, and
- Description of the agency's organizational structure.

**Joint Application**

Include:

- Goals and objective of the collaboration, and
  - Brief description of each partner's experience in providing similar services.
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ILLINOIS STATE BOARD OF EDUCATION

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

ATTACHMENT 1D  
PREVENTION INITIATIVE 17  
BIRTH TO THREE

FY 2017  
PREVENTION INITIATIVE  
EARLY CHILDHOOD ACCREDITATION

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

Please indicate which of the following early childhood accreditations you have achieved. **Check all that apply.**

- The center accreditation of the National Academy of Early Childhood Programs of the National Association for the Education of Young Children (NAEYC)
- The center accreditation of the National Early Childhood Program Accreditation (NECPA) Commission of the National Child Care Association (NCCA)
- The family child care accreditation of the National Association for Family Childcare (NAVCC)
- The school-age child care accreditation of the National School-Age Child Care Alliance (NSACA)
- The center accreditation of the National Accreditation Commission for Early Care and Education Programs (NAC) of the National Association of the Child Care Professionals (NACCP)
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) Award of Excellence” **Check all that apply.**
  - Preschool Teaching and Learning
  - Infant and Toddler Services
  - Family and Community Engagement
  - Inclusion of Children with Special Needs
  - Linguistically and Culturally Appropriate Practice
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) - Gold Circle
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) - Silver Circle
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) - Bronze Circle
- ExceleRate Illinois Quality Recognition and Improvement System (QRIS) - Licensed
- Administrator holds Illinois Director’s Credential
  - Level I
  - Level II
  - Level III

**ILLINOIS STATE BOARD OF EDUCATION**

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

**ATTACHMENT 1E  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

**FY 2017  
PREVENTION INITIATIVE  
PROGRAM SITE LOCATIONS**

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

**Directions:** Provide the information below for each site location.

|   |                                 |
|---|---------------------------------|
| NAME OF SITE LOCATION                   |                                 |
| ADDRESS (Street, City, State, Zip Code) |                                 |
| DCFS LICENSE NUMBER (if applicable)     | EXPIRATION DATE                 |
| NUMBER OF CHILDREN TO BE SERVED         | NUMBER OF FAMILIES TO BE SERVED |

|   |                                 |
|---|---------------------------------|
| NAME OF SITE LOCATION                   |                                 |
| ADDRESS (Street, City, State, Zip Code) |                                 |
| DCFS LICENSE NUMBER (if applicable)     | EXPIRATION DATE                 |
| NUMBER OF CHILDREN TO BE SERVED         | NUMBER OF FAMILIES TO BE SERVED |

|   |                                 |
|---|---------------------------------|
| NAME OF SITE LOCATION                   |                                 |
| ADDRESS (Street, City, State, Zip Code) |                                 |
| DCFS LICENSE NUMBER (if applicable)     | EXPIRATION DATE                 |
| NUMBER OF CHILDREN TO BE SERVED         | NUMBER OF FAMILIES TO BE SERVED |

|   |                                 |
|---|---------------------------------|
| NAME OF SITE LOCATION                   |                                 |
| ADDRESS (Street, City, State, Zip Code) |                                 |
| DCFS LICENSE NUMBER (if applicable)     | EXPIRATION DATE                 |
| NUMBER OF CHILDREN TO BE SERVED         | NUMBER OF FAMILIES TO BE SERVED |

|   |                                 |
|---|---------------------------------|
| NAME OF SITE LOCATION                   |                                 |
| ADDRESS (Street, City, State, Zip Code) |                                 |
| DCFS LICENSE NUMBER (if applicable)     | EXPIRATION DATE                 |
| NUMBER OF CHILDREN TO BE SERVED         | NUMBER OF FAMILIES TO BE SERVED |

**ILLINOIS STATE BOARD OF EDUCATION**

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

**ATTACHMENT 2  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

**FY 2017  
PREVENTION INITIATIVE  
EVALUATION DESIGN**

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

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- Home Visiting       Child Care Center Based       Family Literacy

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**Directions:** Briefly describe how the proposed program and activities will lead to the attainment of anticipated program outcomes. Describe the activities, outputs (levels and targets of services), timelines, person responsible, measures (tool, instrument, or device) or methods of evaluation, defined parameters that measure success, and anticipated outcomes. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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**ILLINOIS STATE BOARD OF EDUCATION**

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

**ATTACHMENT 2A  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

**FY 2017  
PREVENTION INITIATIVE  
PROPOSAL NARRATIVE: STATEMENT OF NEED**

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

Home Visiting

Child Care Center-based

Family Literacy

---

**Directions:** Briefly describe the need for the early childhood initiative in the community or communities served and how the program is working with other birth to age 3 providers in the area to reduce the duplication of services. Refer to the proposal narrative requirements for specific requirements. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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**ILLINOIS STATE BOARD OF EDUCATION**

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

**ATTACHMENT 2B  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

**FY 2017  
PREVENTION INITIATIVE  
PROPOSAL NARRATIVE: POPULATION TO BE SERVED**

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

Home Visiting

Child Care Center-based

Family Literacy

---

**Directions:** Describe in the space provided the current level of enrollment of children and families and the proposed level of enrollment of children and families, as well as, the population to be served, the geographic area to be served, and the recruitment efforts to be implemented. Refer to the Proposal Narrative Requirements for specific requirements. ***(Do not type beyond space allowed. Attach additional Word typed pages to document.)***

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ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

ATTACHMENT 3  
PREVENTION INITIATIVE 17  
BIRTH TO THREE

FY 2017  
PREVENTION INITIATIVE  
PROPOSAL NARRATIVE: SCREENING

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

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- Home Visiting       Child Care Center-based       Family Literacy

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**Directions:** Describe in the space provided the current procedures implemented and the proposed enhanced or additional procedures (that requires additional funding) to be used to screen children and their families to determine their need for services and ensure that the program will serve those children and families most in need. Refer to the Proposal Narrative Requirements. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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ILLINOIS STATE BOARD OF EDUCATION

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

ATTACHMENT 4  
PREVENTION INITIATIVE 17  
BIRTH TO THREE

FY 2017  
PROGRAM DESCRIPTIONS: EVIDENCE-BASED MODEL AND  
RESEARCH-BASED CURRICULA

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

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- Home Visiting       Child Care Center-based       Family Literacy

---

**Directions:** Describe in the space provided the current programming and services and provide a description of the proposed programming and services (that requires additional funding) planned to be implemented with fidelity to the evidence-based program model. Provide a description of the research-based parent/family centered curriculum and any supplemental curricula and/or research-based child center curriculum and any supplemental curricula. Refer to the Proposal Narrative Requirements for specific requirements. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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**ILLINOIS STATE BOARD OF EDUCATION**

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

**ATTACHMENT 5  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

**FY 2017  
PREVENTION INITIATIVE  
PROGRAM DESCRIPTION: DEVELOPMENT MONITORING**

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

Home Visiting

Child Care Center-based

Family Literacy

---

**Directions:** Describe in the space provided the current developmental monitoring procedures and the proposed developmental monitoring procedures (that requires additional funding) to be used. Refer to the Proposal Narrative Requirements for specific requirements. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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**ILLINOIS STATE BOARD OF EDUCATION**

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

**ATTACHMENT 6  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

**FY 2017  
PREVENTION INITIATIVE  
PROGRAM DESCRIPTION: INDIVIDUAL FAMILY SERVICE PLAN**

---

APPLICANT NAME (District Name and Number, if applicable)

REGION, COUNTY, DISTRICT, TYPE CODE

---

Home Visiting

Child Care Center-based

Family Literacy

---

**Directions:** Describe in the space provided a description of the current Individual Family Service Plan procedures and the proposed Individual Family Service Plan procedures (that requires additional funding) to be used. Refer to the proposal Narrative Requirements for specific requirements. ***(Do not type beyond space allowed. Attach additional Word typed pages to document.)***

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**ILLINOIS STATE BOARD OF EDUCATION**

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

**ATTACHMENT 7  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

**FY 2017  
PREVENTION INITIATIVE  
PROGRAM DESCRIPTION: CASE MANAGEMENT SERVICES**

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

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- Home Visiting       Child Care Center-based       Family Literacy

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**Directions:** Describe in the space provided a description of the current case management services provided and the proposed case management services (that requires additional funding) to be provided by the program. Refer to the Proposal Narrative Requirements for specific requirements. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

ATTACHMENT 8  
PREVENTION INITIATIVE 17  
BIRTH TO THREE

FY 2017  
PREVENTION INITIATIVE  
PROGRAM DESCRIPTION: FAMILY AND COMMUNITY PARTNERSHIPS

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

- Home Visiting       Child Care Center-based       Family Literacy

**Directions:** Describe in the space provided a description of the current parent and community involvement plan and the proposed parent and community involvement plan (that requires additional funding). Refer to the Proposal Narrative Requirements for specific requirements. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

ATTACHMENT 9  
PREVENTION INITIATIVE 17  
BIRTH TO THREE

FY 2017  
PREVENTION INITIATIVE  
PROGRAM DESCRIPTION: STAFF QUALIFICATIONS AND ORGANIZATIONAL CAPACITY

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

- Home Visiting       Child Care Center-based       Family Literacy

**Directions:** Describe in the space provided a description of the current personnel and the proposed personnel to be employed (that requires additional funding) and the school district/agency organizational capacity to implement PI programming and services. Refer to the Proposal Narrative Requirements for specific requirements. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

**ILLINOIS STATE BOARD OF EDUCATION**

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

**ATTACHMENT 10  
PREVENTION INITIATIVE 17  
BIRTH TO THREE**

**FY 2017  
PREVENTION INITIATIVE  
PROGRAM DESCRIPTION: PROFESSIONAL DEVELOPMENT**

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

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- Home Visiting       Child Care Center-based       Family Literacy

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**Directions:** Describe in the space provided a description of the current professional development and the proposed professional development to be employed (that requires additional funding). Refer to the Proposal Narrative Requirements for specific requirements.  
*(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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ILLINOIS STATE BOARD OF EDUCATION  
Early Childhood Division  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

ATTACHMENT 11  
PREVENTION INITIATIVE 17  
BIRTH TO THREE

FY 2017  
PREVENTION INITIATIVE  
PROGRAM DESCRIPTION: EVALUATION

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

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- Home Visiting       Child Care Center-based       Family Literacy

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**Directions:** Describe in the space provided a description of the current process for data collection and evaluation and the proposed process for data collection and evaluation (that requires additional funding). Refer to the Proposal Narrative Requirements for specific requirements. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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Initial Budget                       Amendment No. \_\_\_\_\_  
 Revised Initial Budget             Multi-district Application

**ILLINOIS STATE BOARD OF EDUCATION**  
 Early Childhood Division  
 100 North First Street, E-225  
 Springfield, Illinois 62777-0001

**FY 2017  
PREVENTION INITIATIVE**  
  
**STATE BUDGET SUMMARY AND PAYMENT SCHEDULE**  
*Use whole dollars only. Omit Dollar Signs, Commas,  
 and Decimal Places, e.g., 2536*

|  |                                     |                                      |                                 |
|--|-------------------------------------|--------------------------------------|---------------------------------|
| FISCAL YEAR<br><b>17</b>                                 | SOURCE OF FUNDS CODE<br><b>3705</b> | REGION, COUNTY, DISTRICT, TYPE CODE  | SUBMISSION DATE<br>(mm/dd/yyyy) |
| APPLICANT NAME (District Name and Number, if applicable) |                                     |                                      |                                 |
| NAME OF BUDGET CONTACT PERSON                            |                                     | TELEPHONE NUMBER (Include Area Code) |                                 |
| E-MAIL ADDRESS   |                                     | FAX NUMBER (Include Area Code)       |                                 |

|                      |                                    |          |
|----------------------|------------------------------------|----------|
| <b>ISBE USE ONLY</b> | PROGRAM APPROVAL DATE AND INITIALS |          |
|                      | TOTAL FUNDS                        |          |
|                      | CARRYOVER FUNDS                    |          |
|                      | CURRENT FUNDS                      |          |
|                      | BEGIN DATE                         | END DATE |

**Directions:** Prior to preparing this Budget Summary and Payment Schedule request, please refer to the "State and Federal Grant Administration Policy, Fiscal Requirements and Procedures" handbook that can be accessed at [http://www.isbe.net/funding/pdf/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf). Obligations of funds based on this budget request cannot begin prior to July 1, or receipt of a substantially approvable budget request, whichever is later.

| LINE | FUNCTION NUMBER (1) | EXPENDITURE ACCOUNT (2)                         | SALARIES (3)<br>(Obj. 100s) | EMPLOYEE BENEFITS (4)<br>(Obj. 200s) | PURCHASED SERVICES (5)<br>(Obj. 300s) | SUPPLIES AND MATERIALS (6)<br>(Obj. 400s) | CAPITAL OUTLAY** (7)<br>(Obj. 500s) | OTHER OBJECTS (8)<br>(Obj. 600s) | NON-CAPITALIZED EQUIPMENT** (9)<br>(Obj. 700s) | TOTAL (11) | PAYMENT SCHEDULE         |
|------|---------------------|---|-----------------------------|--------------------------------------|---------------------------------------|---|-------------------------------------|----------------------------------|--|------------|--------------------------|
| 7    | 2210                | Improvement of Instruction Services             |                             |                                      |                                       |   |                                     |                                  |  |            | July-August              |
| 10   | 2300                | General Administration                          |                             |                                      |                                       |   |                                     |                                  |  |            | September                |
| 15   | 2540                | Operation & Maintenance of Plant Services       |                             |                                      |                                       |   |                                     |                                  |  |            | October                  |
| 17   | 2560                | Food Services                                   |                             |                                      |                                       |   |                                     |                                  |  |            | November                 |
| 25   | 3000                | Community Services                              |                             |                                      |                                       |   |                                     |                                  |  |            | December                 |
| 27   | 4000                | Payments to Other Districts or Government Units |                             |                                      |                                       |   |                                     |                                  |  |            | January                  |
| 29   | Total Direct Costs  |   |                             |                                      |                                       |   |                                     |                                  |  |            | February                 |
| 31   | <b>TOTAL BUDGET</b> |   |                             |                                      |                                       |   |                                     |                                  |  |            | March                    |
|      |                     |   |                             |                                      |                                       |   |                                     |                                  |  |            | April                    |
|      |                     |   |                             |                                      |                                       |   |                                     |                                  |  |            | May                      |
|      |                     |   |                             |                                      |                                       |   |                                     |                                  |  |            | June                     |
|      |                     |   |                             |                                      |                                       |   |                                     |                                  |  |            | July-August              |
|      |                     |   |                             |                                      |                                       |   |                                     |                                  |  |            | <b>TOTAL</b><br>\$ _____ |

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type Name or Superintendent (Dr. Mr., Ms.) OR  
Type Name of Authorized Representative (Dr. Mr., Ms.)

\_\_\_\_\_  
**Original** Signature of Superintendent or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Original** Signature Division Administrator, Early Childhood Division

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

**FY 2017 PREVENTION INITIATIVE**  
**BUDGET SUMMARY BREAKDOWN**

**Directions:** Prior to preparing this Budget Summary Breakdown request, please refer to the "State and Federal Grant Administration Policy, Fiscal Requirements and Procedures" handbook that can be accessed at [http://www.isbe.net/funding/pdf/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf). Obligations of funds based on this budget request cannot begin prior to July 1, or receipt of a substantially approvable budget request, whichever is later. Breakdown must include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. It must include subcontract information, if applicable (see item 8 of the document titled "Grant Application Certifications Assurances.")

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

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

**FY 2017 PREVENTION INITIATIVE**  
**BUDGET SUMMARY BREAKDOWN**

**Directions:** Prior to preparing this Budget Summary Breakdown request, please refer to the "State and Federal Grant Administration Policy, Fiscal Requirements and Procedures" handbook that can be accessed at [http://www.isbe.net/funding/pdf/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf). Obligations of funds based on this budget request cannot begin prior to July 1, or receipt of a substantially approvable budget request, whichever is later. Breakdown must include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. It must include subcontract information, if applicable (see item 8 of the document titled "Grant Application Certifications Assurances.")

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



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

**Directions:** Prior to preparing this Budget Summary Amendment request, please refer to the State and Federal Grant Administration Policy, Fiscal Requirements and Procedures Handbook that can be accessed at [www.isbe.net/funding/PDF/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/PDF/fiscal_procedure_handbk.pdf). Obligations of funds based on this amendment cannot begin prior to the date of receipt at ISBE of a substantially approvable amendment request.

To complete the form below, provide a thorough description of each line item to be amended. Expenditure Description and Itemization (column 3) must match the currently approved budget and must include specific information for each entry. Rationale for Requested Change (column 7) must provide sufficient information and detail for ISBE personnel to ascertain approval of each line item amendment request. Amendment requests that do not fulfill these requirements will be denied until sufficient information is provided to ISBE.

Attach new Budget Summary and Payment Schedule (Attachment 15) to reflect requested amendment amounts.

| FUNCTION NUMBER<br>(1)         | OBJECT NUMBER<br>(2) | ITEMIZATION<br>(3) | CURRENTLY APPROVED AMOUNT<br>(4) | REQUESTED CHANGE<br>(+ OR -)<br>(5) | REVISED AMOUNT<br>(6) | RATIONALE FOR REQUESTED CHANGE<br>(7) |
|--------------------------------|----------------------|--------------------|----------------------------------|-------------------------------------|-----------------------|---------------------------------------|
|                                |                      |                    |                                  |                                     |                       |                                       |
| <b>NET CHANGE<br/>(+ or -)</b> |                      |                    |                                  |                                     |                       |                                       |

**FY 2017**  
**PREVENTION INITIATIVE**  
**PROGRAM-SPECIFIC TERMS OF THE GRANT**

1. No subcontracts or sub-grants are allowed without prior written approval of the State Superintendent of Education. If subcontracts or sub-grants are allowed, then all project responsibilities are to be retained by the grantee to ensure compliance with the terms and conditions of the grant. All subcontracts and sub-grants must be documented and must have the prior written approval of the State Superintendent of Education. Approval of subcontracts and sub-grants shall be subject to the same criteria as are applied to the original proposal/application. The following information is required if any subcontracts/sub-grants are to be utilized:
  - Name(s) and address(es) of subcontractor(s)/sub-grantee(s);
  - Need and purpose for each subcontract/sub-grant;
  - Measurable and time specific services to be provided;
  - Associated costs (i.e., amounts to be paid under each subcontract/sub-grant); and
  - Projected number of participants to be served.

The grantee may not assign, convey or transfer its rights to the grant award without the prior written consent of the Illinois State Board of Education

2. The Illinois School Code [Section 2-3.71(a)(4.5)] requires school districts and other agencies receiving Early Childhood Block Grant Funds for Prevention Initiative to enter into agreements with local Head Start programs to collaborate. The agreement can be as simple as a general statement of intent to collaborate in the coming year or as complex as a formal agreement template delineating the specific targeted areas of collaboration. The collaboration agreement must be signed by Prevention Initiative and Head Start administrators, and be in place in order to receive funding in FY17. Prevention Initiative programs will keep the agreement on file for monitoring purposes.
3. Prior to final funding approval, each grantee who is subject to licensure requirements of the Illinois Department of Children and Family Services (DCFS) must present evidence that it holds the required licensure.
4. Financial Reports: Expenditure Reports must be filed electronically to the Division of Funding and Disbursement Services four times a year.

| REPORT | CUMULATIVE THROUGH | DUE IN ISBE OFFICE |
|--------|--------------------|--------------------|
| 1      | September 30, 2016 | October 20, 2016   |
| 2      | December 31, 2016  | January 20, 2017   |
| 3      | March 31, 2017     | April 20, 2017     |
| Final  | June 30, 2017      | July 20, 2017      |

5. Reporting: All grantees must submit the following data to the Illinois State Board of Education (ISBE), via the ISBE Web Application Security (IWAS) system, for the Prevention Initiative projects for which the grantee is funded.
  - Each grantee must report the following to the Illinois State Board of Education no later than October 15 of each year.
    - Student Information System (SIS) Birth to 3 and Caregiver Demographic Data
      - Data must be entered into the Student Information System on an ongoing basis when updates are required, which is analyzed by ISBE on a quarterly basis.
  - Each grantee must report the following to the Illinois State Board of Education no later than July 1 of each year.
    - 0-3 Prevention Initiative - Parent Questionnaire
    - 0-3 Prevention Initiative - Outcomes Questionnaire
  - Grantees must submit an annual narrative Continuous Quality Improvement Plan in the format provided by ISBE by the end of the fiscal year (if the program has been monitored in FY15, FY16, or FY17). These reports are due every year this grant is funded.
6. Each grantee is funded to serve children and families experiencing multiple at risk factors. For the purpose of Prevention Initiative, "at risk" is defined as those children who because of their home and community environment are subject to such language, cultural, economic and like disadvantages to cause them to have been determined as a result of screening procedures to be at risk of academic failure. (Section 2-3.71(a)(4.5) of the School Code)

7. Program Review: An annual program review will be conducted for each new project to ensure program quality, to assist in program improvement and to provide technical assistance.
8. Supplanting: Funds received under the Prevention Initiative Program shall be used to supplement, and not supplant, funds that would otherwise be used for the proposed activities.
9. No fees will be charged of parents or guardians and their children who are enrolled and participate in Prevention Initiative programs.
10. Applicants should be aware that grant awards may not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization; assist, promote, or deter union organizing; finance, directly or indirectly, any activity designed to influence the outcome of an election for any public office; or impair existing contracts for services or collective bargaining agreements.
11. No funds may be used to help support or sustain any institution controlled by any church or sectarian denomination (Article 10, Section 3 of the Illinois Constitution; Ill., Const. 1970, Art. X, Sec. 3).
12. Each grantee that operates a program in a facility licensed by the Illinois Department of Children and Family Services (DCFS) shall require all employees and volunteers who are persons subject to background checks, as defined by Section 385.20 of Title 89 of the Illinois Administrative Code [89 IAC 385.20], to authorize DCFS to perform a Child Abuse and Neglect Tracking System (CANTS) background check. Required individuals shall execute an Authorization for a background check, as defined by Section 385.20 of Title 89 of the Illinois Administrative Code, and shall submit the Authorization to DCFS for completion of the CANTS background check. Evidence of completion of required CANTS checks for all persons subject to background checks shall be maintained by the grantee and copies of the same shall be provided to the administrator of the DCFS-licensed facility. The requirement applies to any paid or unpaid individual, including any certified teacher employed by a school district or other entity but working in the facility, who is used to perform essential staff duties as evidenced by being counted in the staff-child ratio or being allowed to be alone with children in a licensed child care facility outside the visual or auditory supervision of facility staff.
13. Other:
  - Equipment Purchases: Equipment Inventory Form should be used to document all equipment purchased by the Prevention Initiative and is to be maintained in the grantee's files.
  - Part-Time Staff: A time distribution worksheet should be kept on file for any staff member in a part-time position.
  - Joint Applications for Funding: Grantees participating in a joint application are advised that the member grantees are individually and jointly responsible to the Illinois State Board of Education for compliance with all of the terms and conditions of the grant agreement. The administrative agent is responsible to the participating grantee and is the agent designated to receive funds and submit reports.

The undersigned affirms, under penalties of perjury, that he or she is authorized to execute the terms of the grant set forth above on behalf of the applicant.

\_\_\_\_\_  
Name of the Applicant

By: \_\_\_\_\_  
Date

\_\_\_\_\_  
**Original** Signature of Authorized Official

\_\_\_\_\_  
Title

**GRANT APPLICATION CERTIFICATIONS AND ASSURANCES**


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(Insert Applicant's Name Here)

The applicant/award recipient (hereinafter the term applicant includes award recipient as the context requires), hereby certifies and assures the Illinois State Board of Education that:

1. Applicant is a(n): (Check one)

Individual     Corporation     Partnership     Unincorporated association     Government entity

Region/County/District/School Code or Federal Employer Identification Number, as applicable. Individuals or other entities with neither of the foregoing, include Social Security Number.

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The applicant has the necessary legal authority to apply for and to receive the proposed award. The filing of this application has been authorized by the governing body of the applicant, and the undersigned representative has been duly authorized to file this application for and on behalf of said applicant, and otherwise to act as the authorized representative of the applicant in connection with this application and any award in relation thereto.

**DEFINITIONS**

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

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

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

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

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

**LAWS AND REGULATIONS REGARDING FEDERAL AND STATE AWARDS**

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

2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards  
[http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl)

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

Administrative Rules for GATA, 44 Ill. Admin. Code Part 7000 <ftp://www.ilga.gov/JCAR/AdminCode/044/04407000sections.html>

**NO BINDING OBLIGATION**

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

## PROJECT

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

## GENERAL CERTIFICATIONS AND ASSURANCES

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

16. The applicant hereby assures that when purchasing core instructional print materials published after July 19, 2006, the applicant/grantee will ensure that all such purchases are made from publishers who comply with the requirements of 105 ILCS 5/28-21 which instructs the publisher to send (at no additional cost) to the National Instructional Materials Access Center (NIMAC) electronic files containing the contents of the print instructional materials using the National Instructional Materials Accessibility Standard (NIMAS), on or before delivery of the print instructional materials. This does not preclude a grantee school district from purchasing or obtaining accessible materials directly from the publisher.
17. The applicant certifies that notwithstanding any other provision of the application, proposal, or Grant Agreement, grant funds shall not be used and will not be used to provide religious instruction, conduct worship services, or engage in any form of proselytization.

#### **JOINT APPLICATIONS – ADMINISTRATIVE AND/OR FISCAL AGENT**

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

#### **DRUG-FREE WORKPLACE CERTIFICATION**

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

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

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

- (a) Publishing a statement:
  - (1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace
  - (2) Specifying the actions that will be taken against employees for violations of such prohibition.
  - (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will
    - (A) Abide by the terms of the statement; and
    - (B) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) calendar days after such conviction.
- (b) Establishing a drug-free awareness program to inform employees about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's or contractor's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon an employee for drug violations.
- (c) Providing a copy of the statement required by subsection (a) to each employee engaged in the performance of the contract or grant and posting the statement in a prominent place in the workplace.
- (d) Notifying the contracting or granting agency within ten (10) calendar days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
- (e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by section 5 of the Drug-Free Workplace Act.
- (f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation are required and indicating that a trained referral team is in place.
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of the Drug-Free Workplace Act.

21. The applicant represents and warrants that all of the certifications and assurances set forth herein, in the application, all attachments, and the Grant Agreement are and shall remain true and correct through the Term of the grant. During the Term of the grant, the award recipient shall provide the Illinois State Board of Education with notice of any change in circumstances affecting the certifications and assurances within ten (10) calendar days of the change. Failure to maintain all certifications and assurances or provide the required notice will result in the Illinois State Board of Education withholding future project funding until the award recipient provides documentation evidencing that the award recipient has returned to compliance with this provision, as determined by the Illinois State Board of Education.

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

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*Original Signature of Authorized Official*

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*Title*

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*Date*

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*Name of Authorized Official (Type or Print)*