



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

FY 2019
EARLY CHILDHOOD BLOCK GRANT-PREVENTION INITIATIVE FOR BIRTH TO AGE 3 YEARS

Early Childhood Division		
1.	Type of Submission	<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application
2.	Type of Application	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation (i.e. multiple year grant) <input type="checkbox"/> Revision (modification to initial application)
3.	Date/Time Received by State	Completed by State Agency upon Receipt of Application
4.	Name of the Awarding State Agency	ILLINOIS STATE BOARD OF EDUCATION
5.	Catalog of State Financial Assistance (CSFA) Number	586-18-0520
6.	CSFA Title	EARLY CHILDHOOD BLOCK GRANT-PREVENTION INITIATIVE FOR BIRTH TO AGE 3 YEARS
Catalog of Federal Domestic Assistance (CFDA)		<input checked="" type="checkbox"/> Not applicable (No federal funding)
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	19-3705-01
12.	Funding Opportunity Title	PREVENTION INITIATIVE FOR BIRTH TO AGE 3 YEARS
13.	Funding Opportunity Program Field	EARLY CHILDHOOD
Competition Identification		<input checked="" type="checkbox"/> Not Applicable
14.	Competition Identification Number	
15.	Competition Identification Title	

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

Applicant Completed Section

APPLICANT NAME (District Name and Number, if applicable)		REGION COUNTY DISTRICT TYPE CODE
16.	Legal Name (Name used for DUNS registration and grantee prequalification)	
17.	Common Name (DBA)	
18.	Employer/Taxpayer Identification Number (EIN, TIN)	
19.	Organizational DUNS Number	
20.	SAM CAGE Code	
21.	Business Address (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 <i>Program</i> Matters involving this Application		
24.	First/Last Name	
25.	Suffix	
26.	Title	
27.	Organizational Affiliation	
28.	Telephone Number (<i>Include Area Code</i>)	
29.	Fax Number (<i>Include Area Code</i>)	
30.	E-Mail Address	
Applicant's Name and Contact Information for Person to be Contacted for <i>Business/Administrative Office</i> Matters involving this Application		
31.	First/Last Name	
32.	Suffix	
33.	Title	
34.	Organizational Affiliation	
35.	Telephone Number (<i>Include Area Code</i>)	
36.	Fax Number (<i>Include Area Code</i>)	
37.	E-Mail Address	

**Uniform Application for State Grant Assistance
Illinois State Board of Education
Applicant Completed Section (Continued)**

Areas Affected		
38.	Areas Affected by the Project (cities, counties, state-wide) <i>Add Attachments (e.g., maps), if needed</i>	
39.	Legislative and Congressional Districts of Applicant	
40.	Legislative and Congressional Districts of Program / Project <i>Attach an additional list, if needed</i>	
Applicant's Project		
41.	Description Title of Applicant's Project <i>Text only for the title of the applicant's project.</i>	
42.	Proposed Project Term	Start Date: _____ End Date: _____
43.	Estimated Funding <i>(Include all that apply)</i>	<input type="checkbox"/> Amount Requested from the State: \$ _____ <input type="checkbox"/> Applicant Contribution (e.g., in kind, matching): \$ _____ <input type="checkbox"/> Local Contribution: \$ _____ <input type="checkbox"/> Other Source of Contribution: \$ _____ <input type="checkbox"/> Program Income: \$ _____ <div style="text-align: right;"><input type="checkbox"/> Total Amount: \$ _____</div>
<p>Applicant Certification:</p> <p>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)</p> <p>(*) The list of certification and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.</p> <p><input type="checkbox"/> I agree</p>		
Authorized Representative		
44.	First/Last	
45.	Suffix	
46.	Title	
47.	Telephone Number <i>(Include Area Code)</i>	
48.	Fax Number <i>(Include Area Code)</i>	
49.	E-Mail Address	
50.	Signature of Authorized Representative	
51.	Date Signed	

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

ATTACHMENT 1A
Prevention Initiative FY19
Birth to Three

FY 2019
PREVENTION INITIATIVE

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE	
NAME OF AUTHORIZED OFFICIAL	TITLE	E-MAIL
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME OF BUDGET PERSON	TITLE	E-MAIL
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)
NAME OF CONTACT PERSON	TITLE	E-MAIL
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)	FAX (Include Area Code)
JOINT APPLICANT RECIPIENT – All joint recipients for funding must complete the joint application form. In additional, complete the following information for the designated administrative agent.		Number of districts in Joint Application _____

FY19 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"/> Family Literacy PI Program	_____	_____

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"/> Other: _____
<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"/> Child Care Center For Profit
<input type="checkbox"/> Community-based Organization	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Faith-based Organization

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 2019 PREVENTION INITIATIVE
 JOINT APPLICATION**

**ATTACHMENT 1B
 PREVENTION INITIATIVE 19
 BIRTH TO THREE**

If joint application, enter below the information requested for the participating school districts/entities. Joint Agreements/Cooperatives – A collection or consortium of at least two or more LEAs that performs a mandated service or function more equitably or efficiently.

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

FY 2019
PREVENTION INITIATIVE
EVIDENCE OF EXISTING COMPETENCIES

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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Directions: Check one box only. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

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.

ILLINOIS STATE BOARD OF EDUCATION

Early Childhood Division
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Springfield, Illinois 62777-0001

ATTACHMENT 1D
PREVENTION INITIATIVE 19
BIRTH TO THREE

FY 2019
PREVENTION INITIATIVE
EARLY CHILDHOOD ACCREDITATION

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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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 2
PREVENTION INITIATIVE 19
BIRTH TO THREE**

**FY 2019
PREVENTION INITIATIVE
PROPOSAL ABSTRACT**

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: Briefly describe (200 words or less) the program, including the anticipated outcomes. Include the name of the instrument(s) and proposed process for conducting the screening and assessments and a brief summary of the proposed curriculum, activities, and comprehensive services to be provided. *(Do not type beyond space allowed. Attach additional Word typed pages to document.)*

ILLINOIS STATE BOARD OF EDUCATION

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**ATTACHMENT 2A
PREVENTION INITIATIVE 19
BIRTH TO THREE**

**FY 2019
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.)*

ILLINOIS STATE BOARD OF EDUCATION

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Springfield, Illinois 62777-0001

**ATTACHMENT 2B
PREVENTION INITIATIVE 19
BIRTH TO THREE**

**FY 2019
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 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.)*

ILLINOIS STATE BOARD OF EDUCATION
Early Childhood Division
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ATTACHMENT 3
PREVENTION INITIATIVE 19
BIRTH TO THREE

FY 2019
PREVENTION INITIATIVE
PROPOSAL NARRATIVE: SCREENING

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 proposed screening procedures 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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**ATTACHMENT 4
PREVENTION INITIATIVE 19
BIRTH TO THREE**

**FY 2019
PROGRAM DESCRIPTIONS: EVIDENCE-BASED MODEL AND
RESEARCH-BASED CURRICULA**

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 evidence based program model and research based curricula. Provide a description of any supplemental research-based curricula implemented or any supplemental services to be provided. 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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**ATTACHMENT 5
PREVENTION INITIATIVE 19
BIRTH TO THREE**

**FY 2019
PREVENTION INITIATIVE
PROGRAM DESCRIPTION: DEVELOPMENT MONITORING**

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 proposed developmental monitoring procedures 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.)*

ILLINOIS STATE BOARD OF EDUCATION

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**ATTACHMENT 6
PREVENTION INITIATIVE 19
BIRTH TO THREE**

**FY 2019
PREVENTION INITIATIVE
PROGRAM DESCRIPTION: INDIVIDUAL FAMILY GOAL PLAN**

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 a description of the proposed Individual Family Goal Plan procedures 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.)*

ILLINOIS STATE BOARD OF EDUCATION

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**ATTACHMENT 7
PREVENTION INITIATIVE 19
BIRTH TO THREE**

**FY 2019
PREVENTION INITIATIVE
PROGRAM DESCRIPTION: CASE MANAGEMENT SERVICES**

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 a description of the proposed case management services 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.)*

ILLINOIS STATE BOARD OF EDUCATION

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**ATTACHMENT 8
PREVENTION INITIATIVE 19
BIRTH TO THREE**

**FY 2019
PREVENTION INITIATIVE
PROGRAM DESCRIPTION: FAMILY AND COMMUNITY PARTNERSHIPS**

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 a description of the proposed parent and community involvement plan. 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
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ATTACHMENT 9
PREVENTION INITIATIVE 19
BIRTH TO THREE

FY 2019
PREVENTION INITIATIVE
PROGRAM DESCRIPTION: EVALUATION

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 a description of the proposed process for data collection and evaluation. 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

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Springfield, Illinois 62777-0001

**ATTACHMENT 10
PREVENTION INITIATIVE 19
BIRTH TO THREE**

FY 2019

PREVENTION INITIATIVE

PROGRAM DESCRIPTION: STAFF QUALIFICATIONS AND ORGANIZATIONAL CAPACITY

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 a description of the proposed professional development procedures and plans to be employed. 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
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ATTACHMENT 11
PREVENTION INITIATIVE 19
BIRTH TO THREE

FY 2019
PREVENTION INITIATIVE
PROGRAM DESCRIPTION: PROFESSIONAL DEVELOPMENT

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 a description of the proposed personnel to be employed and the school district/agency organizational capacity to implement PI 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

**FY 2019
PREVENTION INITIATIVE**

STATE BUDGET SUMMARY AND PAYMENT SCHEDULE

**Use whole dollars only. Omit Dollar Signs, Commas,
and Decimal Places, e.g., 2536**

- Initial Budget Amendment No. _____
 Revised Initial Budget Multi-district Application

FISCAL YEAR 19	SOURCE OF FUNDS CODE 3705-01	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
APPLICANT NAME (District Name and Number, if applicable)			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

ISBE USE ONLY	Please check: <input type="checkbox"/> COMPLETED Notice of State Award (NOSA) <input type="checkbox"/> COMPLETED Uniform Grant Agreement (UGA)
	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 https://www.isbe.net/Documents/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) (Obj. 100s)	EMPLOYEE BENEFITS (4) (Obj. 200s)	PURCHASED SERVICES (5) (Obj. 300s)	SUPPLIES AND MATERIALS (6) (Obj. 400s)	CAPITAL OUTLAY (7) (Obj. 500s)	OTHER OBJECTS (8) (Obj. 600s)	NON-CAPITALIZED EQUIPMENT (9) (Obj. 700s)	TOTAL (11)	PAYMENT SCHEDULE
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
28	5000	Debt Services									February
29	Total Direct Costs										March
30	INDIRECT COSTS (Direct Cost X _____ %)										April
31	TOTAL BUDGET										May

_____ 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 Director, Teaching and Learning

TOTAL
\$ _____

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

FY 2019 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 https://www.isbe.net/Documents/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 (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									

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

FY 2019 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 https://www.isbe.net/Documents/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 (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASES SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
TOTAL									



Illinois State Board of Education

Early Childhood Division
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FY 2019
PREVENTION INITIATIVE
BIRTH TO THREE

INDIRECT COST ITEMIZATION

APPLICANT NAME (District Name and Number, if applicable)	REGION, COUNTY, DISTRICT, TYPE CODE
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INDIRECT COST RATE AS APPLIED TO THIS GRANT

Instructions: If indirect costs are requested for reimbursement, complete the below itemization. If no reimbursement is being requested, leave blank. **Attach additional pages if necessary.**

Describe the costs used to arrive at the amount of indirect costs budgeted. The Indirect Cost budgeted on the Budget Summary page must equal the total amount described below.

Indirect Cost budgeted from Budget Summary, line 30:

Description: Describe the costs in each section (Object) used to determine the amount of indirect costs budgeted.

Salaries, Object 100: Describe the position(s) and correlated salary included in Indirect Costs.

Cost

	<input style="width: 90%; height: 20px;" type="text"/>
--	--

Benefits, Object 200: Describe the benefits, such as TRS, FICA, IMRF, Life Insurance, etc., that are included in Indirect Costs.

	<input style="width: 90%; height: 20px;" type="text"/>
--	--

Purchased Services Object 300: Describe the items, such as worker's compensation, unemployment, travel, etc., that are included in Indirect Costs.

	<input style="width: 90%; height: 20px;" type="text"/>
--	--

Supplies and Materials, Object 400: Describe the items, such as paper, utilities, non-depreciable items, etc., that are included in Indirect Costs.

	<input style="width: 90%; height: 20px;" type="text"/>
--	--

TOTAL AMOUNT

FY 2019
PREVENTION INITIATIVE
PROGRAM-SPECIFIC TERMS OF THE GRANT

1. If the Early Childhood Block Grant program is operated in or by a child care center subject to the licensure requirements of the Illinois Department of Children and Family Services (DCFS), then that child care center must hold the appropriate licensure in accordance with rules promulgated by DCFS (see 89 Ill. Adm. Code 403 (Licensing Standards for Group Homes), 405 (Licensing Standards for Day Care Agencies), 406 (Licensing Standards for Day Care Homes), 407 (Licensing Standards for Day Care Centers) and 408 (Licensing Standards for Group Day Care Homes).
2. Beginning in FY 2019 school year, each grantee that operates a center-based or family literacy Prevention Initiative program shall participate in ExceleRate Illinois (see <http://www.excelebrateillinois.com> and click on INFORMATION FOR PROVIDERS). ExceleRate Illinois is the State's quality rating and improvement system that emphasizes continuous quality improvement for early learning and development programs and uses a consistent set of standards organized into four domains of teaching and learning; family and community engagement; leadership and management; and qualifications and continuing education.
3. Financial Reports: Grant recipients with an approved state and/or federal grant program are required to submit quarterly expenditure reports. The quarterly reports are due twenty days following the end of the reporting quarter (e.g. September 30 expenditure report is due at ISBE on or before October 20). Failure to submit the report by the due date will result in scheduled payments being withheld until the required report is received. 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, 2018	October 20, 2018
2	December 31, 2018	January 20, 2019
3	March 31, 2019	April 20, 2019
Final	June 30, 2019	July 20, 2019

4. Reporting: All grantees must enroll each Prevention Initiative student in the ISBE Student Information System (SIS) by October 15 of each year. This reporting activity is continuous throughout the year. All grantees must exit each Prevention Initiative student at the end of the year or when the child leaves the program. 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:
 - a) Student Information System (SIS) Birth to 3;
 - b) Student Information System (SIS) Caregiver Demographic Data;
 - c) Student Information System (SIS) Prenatal;
 - d) 0-3 Prevention Initiative - Parent Questionnaire;
 - e) 0-3 Prevention Initiative - Outcomes Questionnaire.
5. Each grantee funded to serve 100% students at risk of academic failure. 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.
6. Any grantee that fails to enroll the required percentage of at risk children (100 percent) for which the proposal was funded will have its grant award reduced proportionate to the decrease in percentage of such children enrolled.
7. Each program shall be monitored on site at least once every four years to determine the extent to which it is complying with all operational requirements and to assess the quality of the developmental and/or educational components offered.
8. Each program shall receive a monitoring report with the results of the operational compliance checklist and the quality assessment. Using those results, the program shall complete a continuous quality improvement plan addressing operational compliance and a continuous quality improvement plan addressing the quality assessment. Each continuous quality improvement plan shall, at a minimum, address:
 - a) the specific issue or indicator for which a deficiency was noted;
 - b) the actions to be taken to remedy the deficiencies and, as applicable, the resources and professional development that will be targeted towards improvement efforts; and
 - c) The person responsible and the timelines in which the deficiencies are expected to be corrected, provided that no continuous quality improvement plan shall be in effect for more than two school years. The continuous quality improvement plan shall be signed by the person legally authorized to submit the plan, shall bind the applicant to its contents, and shall be electronically submitted to the State Board of Education not later than 30 days after the program's receipt of the monitoring report. For each year in which the continuous quality improvement plan is in effect, the program shall submit a progress report to the State Board of Education that describes the progress the program has made relative to remedying the deficiencies identified. The progress report shall be submitted electronically no later than June 1 of each year. A program that fails to reach the goals of the continuous quality improvement plan within the timelines specified in the plan shall be subject to additional sanctions, including, but not limited to, removal of grant approval.

9. Supplanting: Funds received under Prevention Initiative shall be used to supplement, and not supplant, funds that would otherwise be used for the proposed activities. (Sections 2-3.71 and 2-3.89 of the School Code)
10. No fees will be charged of parents or guardians and their children who are enrolled and participate in Prevention Initiative programs.
11. No more than 5 percent of the total grant award shall be used for administrative and general expenses not directly attributed to program activities, except that a higher limit not to exceed 10 percent may be negotiated with an applicant that has provided evidence that the excess administrative expenses are beyond its control and that it has exhausted all available and reasonable remedies to comply with the limitation. If a 10 percent exception has been approved for Function 2300 the budgeted cell may not exceed 10 percent of the total grant allotment in the Final Expenditure Report.
12. Fiscal Monitoring: All activities are subject to an audit at the local, state and federal level. Staff from ISBE may conduct a financial review of your program to audit records and offer technical assistance. This review will ascertain on a sample basis whether such records are adequately and properly maintained on a current basis. The purpose of this review is to determine if the project meets legal requirements and to verify the eligibility of expenditures by examining sample documentation for the following:
 - a) Funds disbursed to the grant recipient were received and properly recorded in separate accounts/general ledger;
 - b) Payments recorded by the grant recipient were actually made to vendors, contractors and employees and that they conform to applicable laws and regulations, including procurement requirements and support the program intent;
 - c) Refunds, discounts, etc., were properly credited to specific expense classifications as reductions of the gross expenditure;
 - d) Payments are supported by adequate evidence of the delivery of goods or performance of services;
 - e) Obligations included in the report of expenditures were actually incurred during the budget period for which the expenditures were claimed and upon liquidation were properly adjusted;
 - f) The same item is not reported as an expenditure for two or more years, e.g., encumbrance is one year and payment in another; items are properly recored in the program year;
 - g) All expenditures that were claimed were made for the approved project and are easily identifiable with this project;
 - h) All books and materials obtained with the grant funds are plainly marked with appropriate identification;
 - i) All inventory items have been allocated an inventory number and the number has been plainly affixed on each piece of equipment and plainly labled;
 - j) An inventory register has been maintained of those items required to be inventoried which shows:
 - Description;
 - Serial number or other identification number;
 - Funding source for purchased property;
 - Who holds title;
 - Acquisition date and cost;
 - Location, use and condition of property; and
 - Disposition date.
 - k) Inventory items moved from one location to another have been duly authorized in writing and that the transfer has been recorded in the inventory register, and each item of the equipment purchased was listed in the approved budget breakdown and is being used solely for authorized purposes;
 - l) Prorated expenditures, such as salaries (supported by time and effort documentation), travel, etc., are divided correctly between two or more accounts and that the basis of such division can be substantiated as reasonable and equitable (the auditor will compare actual expenditures with the approved budget and note variations);
 - m) Unexpended state funds advanced or overpaid were promptly returned to the Illinois State Board of Education;
 - n) Payments to an administrator who is employed by the Board of Education under the terms of the contract covering a twelve-month period of service were not included in administrative expenses;
 - o) Obligations were liquidated within 90 days after the end of the budget period and adjusted to the amount finally paid; and,
 - p) Expenditures were incurred for activities in addition to those that have been provided previously for public and not-profit private school students and teachers.
 - q) Transfer: the Illinois State Board of Education reserves the right to transfer equipment if the grant activities cease to exist for the grant recipient for which the equipment was originally acquired.
13. 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.
14. 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).

15. Grant recipients are not allowed to begin an activity, obligate or expend funds that will be charged to a state or federal grant until a substantially approvable initial application has been received at ISBE. Grant recipients that submit a state or federal initial application prior to the program begin date (usually July 1) will be granted an appropriate project begin date for the following fiscal year unless state appropriation authority has not been approved. Grant recipients that submit a state or federal initial application after July 1 will be assigned a project begin date no earlier than when the initial application was received at ISBE or the program begin date (whichever is later). Grant recipients of a state competitive program should not begin any activity, obligate or expend funds until ISBE provides formal approval of the application and grant amount. Grant recipients that submit a state or federal budget amendment between the project begin and end date are not allowed to begin an activity, obligate or expend funds prior to the date of receipt at ISBE provided the scope or intent of the approved project has not changed. If the scope or intent of a project significantly changes through an amendment, ISBE programmatic approval should be obtained prior to the obligation of funds for the new activities provided in the amendment.
16. Each grantee which 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.
17. Payrolls must be supported by time and attendance or equivalent records for individual employees. Salaries and wages of employees chargeable to more than one grant program or other cost objective will be supported by appropriate time distribution records/cost allocation plans.
18. A Cost Allocation Plan (CAP) is a document that states how a grant recipient will identify, accumulate and distribute certain allowable administrative costs in grants and identifies the allocation methods used for distributing the costs. A written plan for allocating joint costs is required to support the distribution of those costs to the grant program. When a grant recipient completes a grant application/amendment, it must determine to either utilize its restricted indirect cost rate as calculated by ISBE or utilize a CAP which must then be documented via personnel time and effort information as well as formal accounting records according to generally accepted governmental accounting principles to substantiate the propriety of the eventual charges. All applicable documentation must be available for review upon request by a local auditor or ISBE auditor.
19. 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.
20. Travel expenses, including transportation costs and, when overnight stay is required, lodging and per diem, are subject to the State rates published by the Governor's Travel Control Board for State employees and posted at <http://www.illinois.gov/cms/employees/travel/pages/travelreimbursement.aspx>.

Name of Applicant/Entity

Date

Original Signature of Authorized Official

Title

GRANT APPLICATION CERTIFICATIONS AND ASSURANCES

(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.

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 who has made application to the Illinois State Board of Education for an award of such grant funds.

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

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

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

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

LAWS AND REGULATIONS REGARDING FEDERAL AND STATE AWARDS

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

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

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

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

NO BINDING OBLIGATION

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

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.

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.

Original Signature of Authorized Official

Title

Date

Name of Authorized Official (Type or Print)