



#### Welcome & Introductions

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## Agenda

- IWAS Access
- IDEA Grant Information
- ARP IDEA



#### Accessing the IWAS System

To navigate directly to the IWAS system, copy and paste the following URL into your web browser. <a href="https://www.isbe.net/Documents/LOT-IWAS%20Access.pdf#search=iwas%20log%20in">https://www.isbe.net/Documents/LOT-IWAS%20Access.pdf#search=iwas%20log%20in</a>

To navigate from <a href="www.isbe.net">www.isbe.net</a> : Select the "System Quick Links" from the top menu bar and then select "IWAS: ISBE Web Application Security





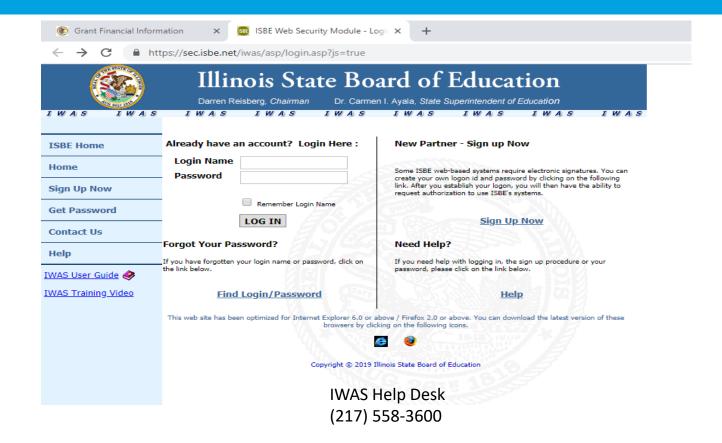
#### Accessing the IWAS System

For more information regarding the IWAS system, a PDF titled "Accessing the IWAS System", explains how to navigate the IWAS System can be found at:

https://www.isbe.net/Documents/LOTWAS%20Access.pdf#search=access%20to%20iwas

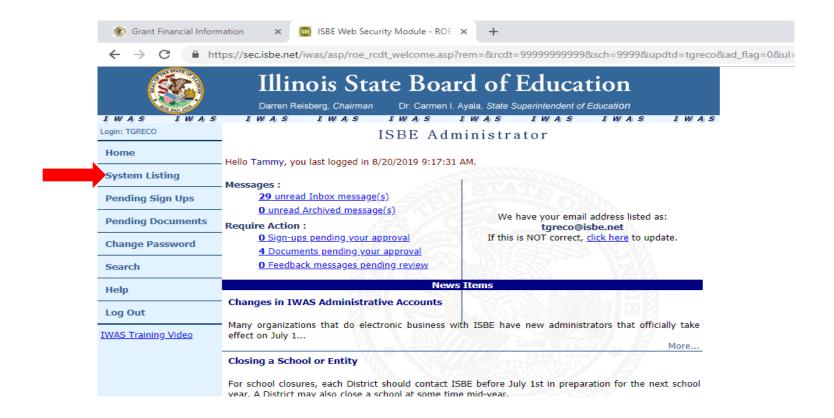


#### Log-in



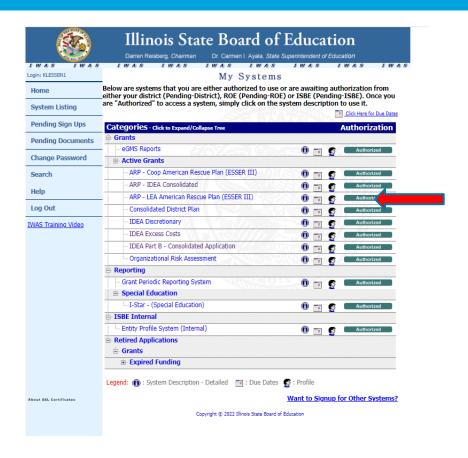


#### System Listing





## System Listing



# Organizational Risk Assessment (ORA)





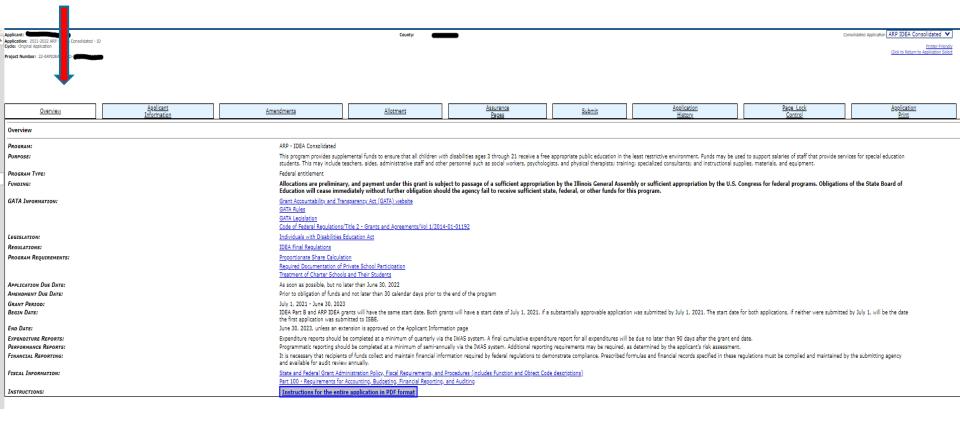
#### ARP – IDEA Consolidated

To obtain Authorized status for ARP – IDEA Consolidated, select Signup for Other Systems to add ARP – IDEA Consolidated.

If you need assistance, reference the IWAS User Guide, preview the IWAS Training Video found in the left column under the "Help" section, or contact the ISBE Help Desk at 217.558.3600.



#### **Overview Tab**





## **Applicant Information Tab**

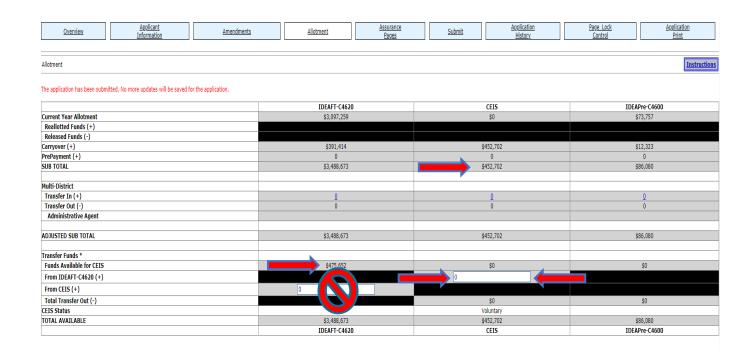
The application has been submitted. No more updates will be saved for the application	on.						
Coverview Applicant Information	Amendments	Allotment	Assurance Pages	Submit	Application History	Page Lock Control	Application Print
Applicant Information							Instructions
Program Contact Person Information:							
Last Name*	First Nam	**			Middle Initial		
Address 1*							
Address 2							
ALL THE PARTY OF T							
City*	State*				Zip + 4*		
Phone*	Email*						
Budget Contact Person Information (required fields if different from Program Contact):  Budget Last Name	Budget Fi	st Name					
State Approved Special Education Director Information:							
Last Name*	First Nan	···			Middle Initial		
Address 1*							
Address 2							
ALL THE LEGISLAND AND ADDRESS OF THE LEGISLAND ADDR							
City <sup>4</sup>	State*				Zip + 4*		
Phone*	Email*						
NOTE: If the Special Education Director information changes throughout the year, amend	the application to keep ISBE records up-to-date for special messaging.						
Local Special Education Director Information (if applicable): Last Name		First Name			Middle Initial		
Phone		Email					
			_				
Select the area affected by the project:*  But District							
○ City ○ County							
Multiple areas (list)							
○ State-wide							
Other (describe)							
Applicant Comments:							
Use this text area to provide additional information regarding the application.							

Equity • Quality • Collaboration • Community



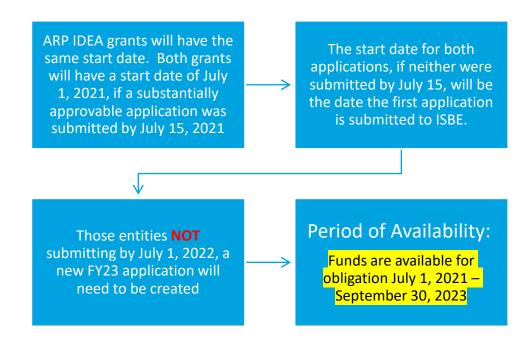
# Allotment Page

# Coordinated Early Intervening Services (CEIS) -



#### ARP-IDEA Start and End Dates

#### ARP-IDEA Must be submitted by July 1,2022 for the July 1, 2021 start date.



#### Start and End Dates

<u>Overview</u>	Applicant Information		<u>Amendments</u>	<u>FFATA</u>	Maintenance Of Effort	<u>Program</u> <u>Specific</u>	<u>Budget</u> <u>Pages</u>	PRA- ISBE Specific	GATA Pages	Page Lock Control
Applicant Information										
Program Contact Person:										
Last Name*						First Name*		Middle Initial		
Address 1*										
Address 2										
City*	_					State*		Zip + 4*		
	_									
Phone*						Email*				
Budget Co. son (required	fields if different from Program	Contact):								
Last Name						First Name				
Activity Period:*	<ul> <li>Project Start Date through</li> </ul>	6/30/2023								
Grant Period:*										
Begin Date:	IDEA Part B and ARP IDEA 06/30/2023	grants will ha	ve the same start date. Both grants will have a start	date of July 1, 2021, if a sub	stantially approvable application was submitted by	July 1, 2021. The start date for both a	applications, if neither were submi	tted by July 1, will be the date the first application v	was submitted to ISBE.	
End Date:	06/30/2023									
Use this text area for any needed exp	lanations to ISBE in regard to this	program.								
					Save Page					
*Required field										

#### Start and End Dates



Once the grant is approved funds can be reimbursed



It isn't necessary to wait for an application to be approved to expend funds



If any expenditures are questionable – email grant coordinator



Districts have 90 days to liquidate funds after the end date of the grant

# Timely and Meaningful Consultation

Each LEA must consult annually with nonpublic representatives regarding child find, use of proportionate share funds, and the provision of Special Education Services.

The Illinois State Board of Education has established a deadline of no later than May 31 for all local districts to complete their TMC meetings with their respective nonpublic schools and parent representatives. Local districts must maintain the necessary documentation completion of the TMC at the local level.

# TMC Documentation

#### All districts must upload:

• Proof of advertisement of the Timely and Meaningful consultation, verifying this is the primary place to reach the intended audience.

If the Timely and Meaningful Consultation meeting was held with attendees, the following must be uploaded in addition to the above:

- Sample invitation letter (one example from a nonpublic school and one from a known homeschool parent)
- Agenda
- Handouts and completed attestation forms, the attestation form is found at https://www.isbe.net/Documents/pvtschAppA.pdf.

# **Uploading TMC Documents**

Please ensure student/guardian identifying information is redacted. Applications will be returned for FERPA violation.

Your document will not load on our end when the file name is saved using special characters (i.e., &, #, .)

Save as: FY22TMC



### **Proportionate Share**

ISBE distinguishes nonpublic children with disabilities included for each district's proportionate share calculation in the following manner:

- Nonpublic students who are not enrolled in the public school district but are receiving special education and/or related services specified on an individualized services plan (ISP) and are provided by the serving school district as of December 1 (Fund Code L);
- Nonpublic home-schooled students who are not enrolled in the public school district but are receiving special education and/or related services specified on an individualized services plan (ISP) and are provided by the serving school district as of December 1 (Fund Code P) and;
- All parentally-placed students ages 3-5 and ages 6-21 in nonpublic schools who were evaluated and determined eligible on or before December 1 but were not receiving special education services from the serving school district as of December 1 (Fund Code N).

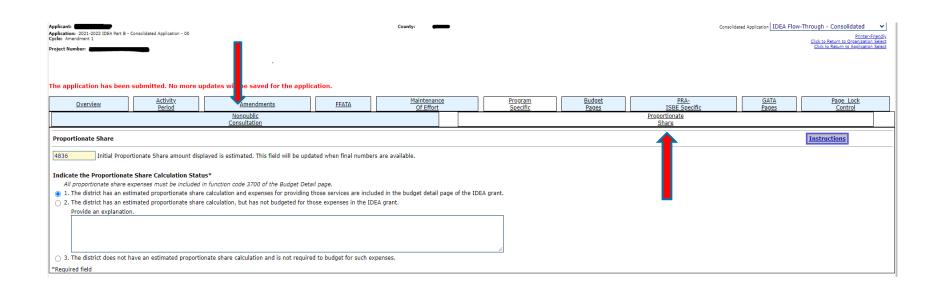
### **Proportionate Share**

The federal formula for calculating district allocations under IDEA Part B are determined based upon three components:

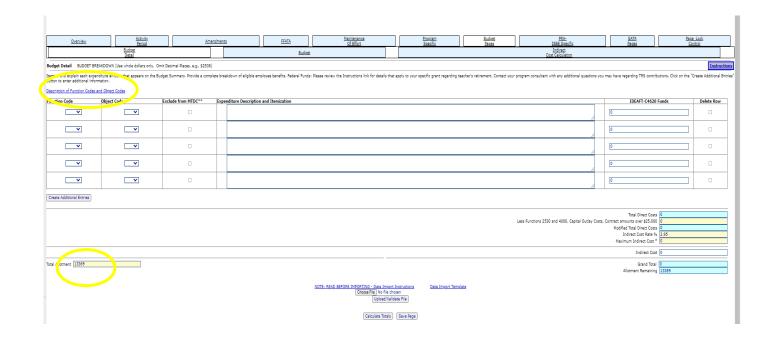
- Base Year
- Total Public and Nonpublic Enrollment
- Poverty

It should be noted that a district's annual special education child count has no direct bearing on the amount allocated under IDEA Part B Flow Through or Preschool.

### **Proportionate Share Tab**



# Budget



# Program Risk Assessment (PRA)

Over	<u>view</u>		Applicant Information		<u>Amendments</u>	<u>FFATA</u>	Maintenance Of Effort	<u>Program</u> <u>Specific</u>	<u>Budget</u> <u>Pages</u>	PRA- ISBE Specific	GATA Pages	Page Lock Control
SBE portion of Program Risk Assessment												
IOTE: FIELDS BE	LOW MAY BE PREF	POPULATED WITH DA	ATA. REVIEW ANY P	PREPOPULATED	DATA, REVISE AS NEEDED, AND SAVE THE PAGE.							
	nagement Sy many years of e		ne project leader	have managi	ing the scope of services required under this p	program?						
	O More than		-	_		-						
	<ul><li>One to five</li></ul>											
	O Less than o	one year										
listory of Pe	rformance											
			our organization	have with gra	ants of comparable scope and/or capacity?							
	One to five											
	O Less than o											
	O No experie	nce										
2.2 Will	sub-grantee/s	ub-recipient/sub-	award be utilize	d to manage,	administer or complete a project?							
	○ Yes	<ul><li>No</li></ul>										
		If NO,	select N/A for 2.3	and 2.4								
2.2.11	date	does the sub-gra			-1							
a.	Yes Yes	o does the sub-gra ○ No	ntee/sub-recipie  N/A		ra perrorm? It eligibility determination							
ь.	○ Yes	○ No	<ul><li>N/A</li></ul>	Case man	nagement							
c.	○ Yes	○ No	<ul><li>N/A</li></ul>		nce reporting							
d.	○ Yes	○ No	N/A		reporting at the grant level							
e. f.	○ Yes ○ Yes	○ No ○ No	<ul> <li>N/A</li> <li>N/A</li> </ul>	Invoicing								
	() Yes	ONO	● N/A	Other (sp	ecity)							
2.4 What			the organization p	pass on to sul	b-grantees/sub-recipients/sub-awards?							
	O Less than 1	0%										
	O More than 2	10%										
	N/A (No was	s selected on 2.2 ab	oove)									
		audits perforn										
3.1 Has	he organization	been cited for co	<u>nea</u> rrective action fo	or this progra	m or comparable programs within the last tw	o fiscal years?						
	○ Yes	<ul><li>No</li></ul>										
		If NO,	3.2 and 3.3 must b	be N/A.								
3 2 11-110	all corrective as	rtions for this are	gram or compara	hle program	s been implemented in the specified timefram	a within the last two fices	Lyears?					
3.2 Have	○ Yes	O No   O		role programs	s seem implemented in the specified unterrain	www.min the last two fisca	, , , , , , , , , , , , , , , , , , , ,					
	If NO, expla	ain what was delaye	ed and why:									
	1											



# Grant Accountability and Transparency Act (GATA) (30 ILCS 708/)

The Grant Accountability and Transparency Act (GATA) includes development of a grants management system that was implemented in all state agencies beginning fiscal year 2017. This system requires significant changes to the grant-making process at ISBE and across state government, including the application process for school districts and other grantees. One of the GATA components requires grantees to be prequalified prior to receiving an award. Information about the process to follow for prequalification is available on a grant portal website.



# Preparing for GATA

For information about GATA please go to: <a href="https://www.isbe.net/gata">https://www.isbe.net/gata</a>

Email questions to: GATA@isbe.net



#### **GATA**

#### Regulations

- 30 ILCS 708
- 44 III. Adm. Code Part 7000
- 2 CFR 200

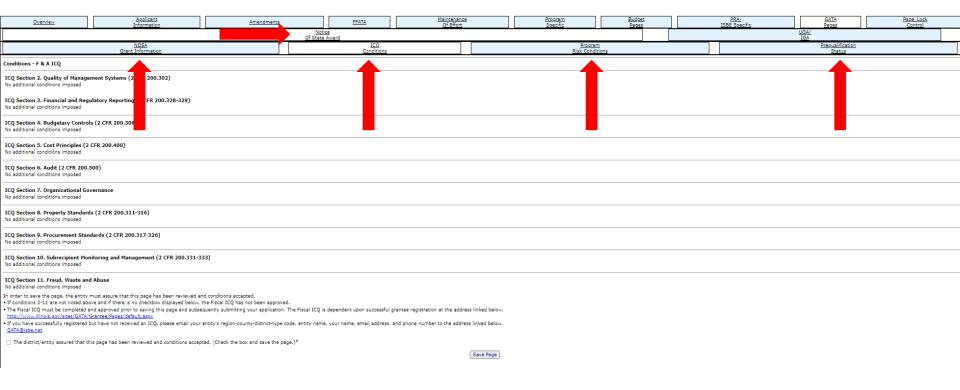
#### Steps

- Authentication
- Registration (DUNS number required)
- Pre-qualification (SAMs account required SAM.gov)
- Internal Controls Questionnaire (ICQ)

https://www2.illinois.gov/sites/GATA/grantee/pages/default.aspx



### Notice of State Award Tab (NOSA)





# Uniform Grant Agreement (UGA)

<u>Overview</u>	Applicant Information	<u>Amendments</u>	<u>FFATA</u>	Maintenance Of Effort	Program Specific	<u>Budget</u> Pages	7	PRA- SBE Specific	ATA Tes	Page Lock Control
,		Notic Of State	ce Award	-					UGA/ IGA	
	UGA/ IGA Overview			Parts Two, and Three		Exhibits			UGA/ IGA Summary	
			Offe,	iwo, and mree					IGA Sullillary	
Uniform Grant / Inter-Governmen	ital Accement									
The Illinois State Board of Education with its principal office at Address 1  Address 2	(Grantee),	0 North First Street. Springfield, Illinois 62777,	and							
City							State	ZIP + 4		
haraby antar into this Crant Agrae	amont (Agroomont) Crantor and Cranton ar	e collectively referred to herein as Parties or in	dividually as a Darty				IL			
nereby enter into this drait Agree	ement (Agreement). Grantor and Grantee ar	e conecuvery referred to herein as Parties of his	dividually as a Party.							
				PART ONE - THE UNIFORM TERMS RECITALS						
		achments hereto and pursuant to the duties and resp				ditions, and provisions hereof.				
NOW, THEREFORE, in consideration of	the foregoing and the mutual agreements conta	ined herein, and for other good and valuable conside	ration, the value, receipt ar		hereto agree as follows:					
			****	ARTICLE I	EDITEL					
1.1 Under penalty of perjury, Gran	ntee certifies that:*		AWARI	AND GRANTEE-SPECIFIC INFORMATION AND O	ERTIFICATION					
212 onder penalty or perjury, drai		Grantee's correct DUNS number, and that								
	Grante	e is doing business as a:								
○ Individual			O Pharmacy-No							
Sole Proprietorship     Partnership			O Pharmacy/Fu  Tax Exempt	neral Home/Cemetery Corp						
Corporation (includes Not For P	rofit)			ity Company (select applicable tax classification)						
neon inporation	10110)		O Elimited Eliabi	P = partnership						
Governmental Unit (includes so	hool districts, ROEs, EFEs, IDEA joint agreement	s)	○ Grantee has	C = corporation not received payment from the state of Illinois in the	last two years. Grantee mu	ist submit a W-9 tax form with this Agre	ement.			
1.2 Amount of Agreement			0		,					
Grant funds are e of which	stimated to be:	specified in the Exhibits and attachments incorporate	d herein as part of this Agr	hement						
1.3 Identification Numbers (if app		specified in the exhibits and attachments incorporate	o nerem as part or this Agr	eenen.						
Federal Award Identification Number									H027X210072	
Federal Awarding Agency:	•								Department of Education	
Federal Award Date:									7/1/2021	
Assistance Listing Number:									84.027X	
Catalog of State Financial Assistance	(CSFA) Number:								586-53-2590	
1.4 Term	•									
This Agreement shall be effective on				7/1/2021			and shall	expire on 6/30/2022		
unless terminated pursuant to this Ag	reement.									
1.5 Certification										
Grantee certifies under oath that (1) :	all representations made in this Agreement are tr	rue and correct and (2) all Grant Funds awarded purs	uant to this Agreement sha	Il be used only for the purposes(s) described herein.	Grantee acknowledges that	the Award is made solely upon this cert	ification and that any fal	se statements, misrepresentatio	ons, or material omissions	



### Coordinated Early Intervening Services (CEIS)

<u>Overview</u>	Activity Period	Amendments	Program Specific	<u>Budget</u> <u>Pages</u>	Page Lock Control				
		Coordinated Early Intervening Services			CEIS Reporting				
Coordinated Early Intervening Services (CEIS)		~			Instructions				
In accordance with the requirement at 34 CFR 300-646, those distr	icts identified as having significant disproportionality base vices (CCEIS) for students ages 3 - 21 not identified as ne	d on race and ethnicity with respect to: 1) identification of students as having disabilities; aded special education or related services but who need additional academic and behavior	placement of these students in particiular education setting; an al support to succeed in the general education environment.	d/or 3) disciplinary actions, including suspensions and e	expulsions, MUST use 15 percent of				
Use of funds for CEIS purposes for this district is: Required	,								
Select one of the three choices below and complete this page as ap	propriate.								
A. Indicate whether funds will be used for CEIS and, if so, th  Funds will NOT be used for CEIS  Up to 15% of funds will be used  \$15% of funds will be used as REQUINED for 154409  Funds available for CEIS are based on current	nplete remainder of tab)  CEIS (complete remainder of tab)								
154409 Funds available for CEIS are based on curren Funds to be used for CEIS	t year 10EA now-through/preschool funds								
	only for nondisabled students needing extra support at Tie	r 2 and/or Tier 3.							
B. Funds be used to: (check all that apply)  Provide professional development									
C. Briefl,									
(0 of 1500 maximum characters used)									
Federal regulations require that all LEAs who expend IDEA Part B fi	ening services; and	on to ISBE:							
D. Briefly describe how the LEA will collect this data. (0 of 1500 maximum characters used)	anning services and subsequently receive special education	and reacted at vices aboung the preceding the year pariot							
EIS Allowable expenditures									



# Coordinated Early Intervening Services - CEIS Reporting Tab

<u>Overview</u>	Period Period	<u>Amendments</u>	Specific	Pages	<u>Control</u>						
	Coordinated CEIS Early Intervening Services Reporting										
Coordinated Early Intervening Services (CEIS) Reporting											
Indicate how CEIS funds/services were ACTUALLY implented in the prior year.*											
® Funds were NOT used for CEIS (No additional information is required on this page. Save the page and move to the next tab.)											
Funds were used VOLUNTARILY for CEIS											
O Funds were used as REQUIRED for CEIS											
Budgeted, but did not expend funds for CEI:	5										
Funds actually used for CEIS											
Indicate the allocation year(s) of funds used for	CEIS purposes.										
FY19 Carryover used for CEIS in	FY21										
FY20 Carryover used for CEIS in	FY21										
☐ FY21											
The IDEA regulations at 34 CFR 300.226(d) the prior application. Provide the informati		the district used up to 15% of IDEA Part B Flow-Through fund -2021.	s (voluntarily or required) to develop and im	plement coordinated early intervening	ng services (CEIS) in the school year covered by						
	otal number of children in the LEA receiving (										
	otal number of children in the LEA receiving ( 1021)*	CEIS under IDEA any time in the past three school years (2018-2019,	2019-2020, 2020-2021) AND who went on to rec	ceive special education and related servic	es in the school year prior to this application (2020-						
Instructions for completing Questions 1 an	d 2 above:										
For Question 1 above, report the	total number of children who received CEIS	under IDEA at any point during the course of the 2020-2021 school y	rear. This should be an UNDUPLICATED count.								
		he is also included in #2 above, IF he/she received CEIS during school									
	b. If the CEIS funds were used for behavioral and educational evaluations, professional development, or a school-wide intervention initiative, refer to the guidance from the US Department of Education which describes in questions 7 and 8 how to count and track students under these circumstances.										
N	NOTE: As such, districts should NOT report 0 children receiving CEIS under #1 above.										
http://www2.ed.gov/policv/speced/auid/idea/ceis_pg3.html											
		under IDEA at any time in the past three school years (2018-2019, 2		·	n 2020-2021. This should be an UNDUPLICATED count.						
		2020-2021 (Fall 2020) and started receiving special education service		021), the child should be counted in #2.							
	•	NOT receive special education services should NOT be counted in #2.									
c. F	teport 0 for any district which had children wh	no received CEIS under IDEA any time in the past three school years	(2018-2019, 2019-2020, 2020-2021) but NONE o	f these children received special educatio	n and related services in 2020-2021.						
*Required field											
required field											



#### **Submit Tab**



### Costs not permitted

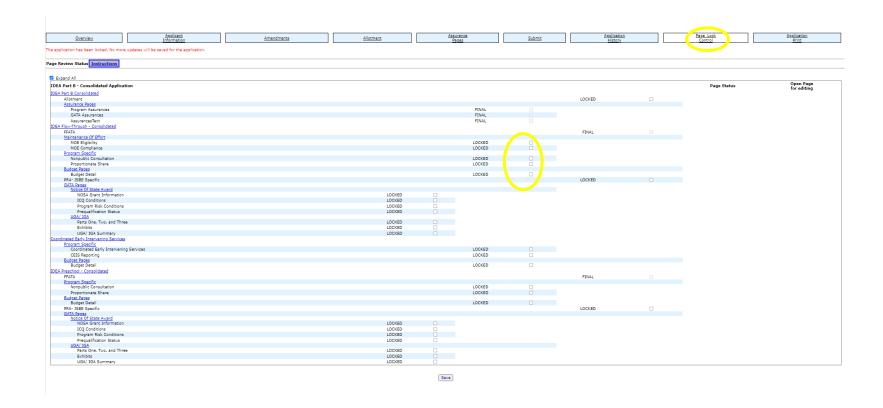
Examples of allowable costs can be found on pages 11 and 12 of the IDEA Grant Instructions found at <a href="https://www.isbe.net/FTPFiles/2022-">https://www.isbe.net/FTPFiles/2022-</a>
<a href="https://www.isbe.net/FTPFiles/2022-">IDEAInstructions.pdf</a>.

Grant funds may not be used for:

- For transportation costs not included in IEPs
- Refreshments for staff
  - Private tuition
  - Matching funds
  - Debt reduction or fines
  - Entertainment, contributions, or donations
  - Attorney's fees or costs of a party <u>related to an action</u>
  - Other expenditures not directly related to the grant activities

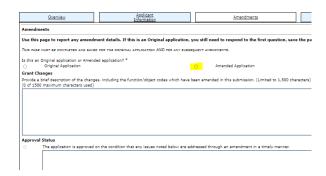


#### **Amendments**



#### **Amendments**

- Must mark in each section
- Are required when:
  - There is a significant change in program scope (e.g., adding a new component summer school); or
  - The grantee intends to budget for more available funds (i.e., federal carryover); or
  - The expected expenditures exceed the ISBE expenditure variance of 10 percent or \$1,000 per an object total, whichever is greater without going over the total budget; or
  - The grantee adds a new expenditure item.
- Must be completed 30 days prior to the end date
- Best Practice Type Amendment # when amending application



# Thank You

Central Illinois - Sam Worth: sworth@isbe.net

Regions - 01, 09, 11, 17, 26, 33, 39, 48, 51, 53, 54

Chicago/Cook/Dupage/Lake - \*\*Vacant, see temp assignments below

Regions - 05, 06, 07, 15, 19, 34

Northern Illinois – Kristi Lessen: klessen@isbe.net

Regions – 04, 08, 16, 24, 28, 31, 32, 35, 44, 47, 49, 56

Southern Illinois – Josh Green: jgreen@isbe.net

Regions – 03, 12, 13, 20, 21, 30, 40, 41, 45, 50

