



# Illinois State Board of Education

100 North First Street, Springfield, Illinois 62777-0001

## Uniform Application for State Grant Assistance

Agency Completed Section		
1.	Type of Submission	<input type="checkbox"/> Preapplication <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 <i>Completed by State Agency upon Receipt of Application</i>	
4.	Name of the Awarding State Agency	<b>ILLINOIS STATE BOARD OF EDUCATION</b>
5.	Catalog of State Financial Assistance (CSFA) Number	<b>586-57-0420</b>
6.	CSFA Title	<b>SUPPORT AND TECHNICAL ASSISTANCE REGIONAL NETWORK (STARNET)</b>
<b>Catalog of Federal Domestic Assistance (CFDA)</b> <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	<b>84-027A</b>
8.	CFDA Title	<b>FED-SP ED - PRESCHOOL DISCRETIONARY</b>
9.	CFDA Number	
10.	CFDA Title	
<b>Funding Opportunity Information</b>		
11.	Funding Opportunity Number	
12.	Funding Opportunity Title	
13.	Funding Opportunity Program Field	
<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
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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 *Program* 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 *Business/Administrative Office* 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**

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 <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: \$ _____ <input type="checkbox"/> Total Amount: \$ _____

**Applicant Certification:**

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 certification 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/Last	
47.	Suffix	
48.	Title	
49.	Telephone Number <i>(Include Area Code)</i>	
50.	Fax Number <i>(Include Area Code)</i>	
51.	E-Mail Address	
53.	Signature of Authorized Representative	
54.	Date Signed	



# Illinois State Board of Education

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

ATTACHMENT 2

## FY 2018 – STARNET PROPOSAL ABSTRACT

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** In 200 words or less, summarize the proposed program, including outcomes. (Limit to page area.)



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: Qualified Staff

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for qualified staff will be met. Refer to page 13 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: Qualified Staff

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for qualified staff will be met. Refer to page 13 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: Qualified Staff

### EARLY CHILDHOOD DIVISION

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

**Directions:** Describe in the space provided how requirements for qualified staff will be met. Refer to page 13 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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Springfield, Illinois 62777-0001

## FY 2018 – STARNET PROGRAM NARRATIVE: Professional Development and Technical Assistance

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for professional development and technical assistance will be met. Refer to pages 13-14 for specific requirements. (Limit to page area, use additional pages if necessary).





# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: Professional Development and Technical Assistance

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for professional development and technical assistance will be met. Refer to pages 13-14 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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Springfield, Illinois 62777-0001

## FY 2018 – STARNET PROGRAM NARRATIVE: Professional Development and Technical Assistance

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for professional development and technical assistance will be met. Refer to pages 13-14 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: FAMILY SUPPORT

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for family support will be met. Refer to page 14 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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## FY 2018 – STARNET PROGRAM NARRATIVE: FAMILY SUPPORT

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for family support will be met. Refer to page 14 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: FAMILY SUPPORT

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for family support will be met. Refer to page 14 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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Springfield, Illinois 62777-0001

## FY 2018 – STARNET PROGRAM NARRATIVE: COLLABORATION

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for collaboration will be met. Refer to pages 14-15 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: COLLABORATION

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)	REGION COUNTY DISTRICT TYPE CODE
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**Directions:** Describe in the space provided how requirements for collaboration will be met. Refer to pages 14-15 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: COLLABORATION

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for collaboration will be met. Refer to pages 14-15 for specific requirements. (Limit to page area, use additional pages if necessary).





# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: EVALUATION

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for evaluation will be met. Refer to page 15 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: EVALUATION

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for evaluation will be met. Refer to page 15 for specific requirements. (Limit to page area, use additional pages if necessary).



# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM NARRATIVE: EVALUATION

### EARLY CHILDHOOD DIVISION

APPLICANT NAME (District Name and Number, if applicable)

REGION COUNTY DISTRICT TYPE CODE

**Directions:** Describe in the space provided how requirements for evaluation will be met. Refer to page 15 for specific requirements. (Limit to page area, use additional pages if necessary).

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

**FY 2018  
 STARNET**

**FEDERAL BUDGET SUMMARY**

*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 <b>18</b>	SOURCE OF FUNDS CODE <b>4605</b>	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)	

<b>ISBE USE ONLY</b>	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 [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) (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)
7	2210	Improvement of Instruction Services								
10	2300	General Administration								
13	2520	Fiscal Services*								
15	2540	Operation & Maintenance of Plant Services								
20	2620	Planning, Research, Development & Evaluation Services								
21	2630	Information Services								
25	3000	Community Services								
26	4000	Payments to Other Districts or Government Units								
29	Total Direct Costs									
30	Approved Indirect Costs x _____%									
31	<b>TOTAL BUDGET</b>									

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

\*\* Not applicable to all grants, and in no instances can Capital Outlay, Non-Capitalized Equipment or Facilities Acquisition and Construction Services be included in the indirect costs application.

<b>ISBE USE ONLY</b>

\_\_\_\_\_ Date      **Original** Signature of Superintendent or Administrator

\_\_\_\_\_ Date      **Original** Signature of ISBE Division Administrator  
 Early Childhood Division

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

**FY 2018 STARNET  
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.

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)	
<b>TOTAL</b>									

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

**FY 2018 STARNET  
BUDGET SUMMARY BREAKDOWN**

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		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
<b>TOTAL</b>									

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

**FY 2018 STARNET  
BUDGET SUMMARY BREAKDOWN**

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<b>TOTAL</b>									

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

**FY 2018 STARNET  
BUDGET SUMMARY BREAKDOWN**

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		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
<b>TOTAL</b>									



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

**FY 2018 STARNET  
BUDGET SUMMARY BREAKDOWN**

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		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
<b>TOTAL</b>									





# Illinois State Board of Education

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

## FY 2018 – STARNET PROGRAM-SPECIFICS TERMS OF THE GRANT

### EARLY CHILDHOOD DIVISION

1. No subcontracting is allowed without prior written approval of the State Superintendent of Education. See item 6 of the State Assurances tab for the type of information that must be submitted with the proposal about any proposed subcontracts to be funded with the grant.
2. Financial Reporting Requirements. Each applicant must provide assurance satisfactory to the Illinois State Board of Education of compliance with federal requirements. Prescribed formulas and financial records specified in the regulations must be compiled and maintained by the submitting agency and available for audit review annually.
3. Policy and Procedures. Each application must have approved policies and procedures to meet general requirements under this Part. Approval of the application is contingent upon verification that the submitting agency and all participating agencies benefiting under the grant have policy and procedures approved by the State Board of Education and their policy and procedures are currently in effect. (That compliance will be made in the conduct of this program with Illinois statutory law pursuant to the School Code and 23 Illinois Administrative Code 226.)
4. Private/Parochial School Participating. Federal requirements Sec. 6 12 State Eligibility 10 ABC require that recipients of federal funds are required to provide for the participation in this program of students enrolled in private/parochial schools. Submit a narrative description of how the grant applicant will comply with this requirement. Please refer to the Supplemental Instructions and Procedures for ISBE form 37-30 for specific requirements.
5. Except as provided by law, funds provided under part B may not be used to reduce the level of expenditures for the education of children with disabilities made by the LEA from local funds below the level of those expenditures for the preceding fiscal year.

\_\_\_\_\_  
(Name of Apply Entity)

(Date)	<b>Original Signature of Authorize Official</b>	Title
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**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 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](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)*

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, 2 CFR part 3485, including Subpart C Responsibilities of Participants Regarding Transactions (also see federal guidance at 2 CFR part 180). Copies of the regulations may be obtained by contacting the Illinois State Board of Education.

**BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW.**

**CERTIFICATION**

The prospective lower tier participant certifies, by submission of this Certification, that:

- (1) Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
- (2) It will provide immediate written notice to whom this Certification is submitted if at any time the prospective lower tier participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;
- (3) It shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated;
- (4) It will include the clause titled *Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions*, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions;
- (5) The certifications herein are a material representation of fact upon which reliance was placed when this transaction was entered into; and
- (6) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Certification.

\_\_\_\_\_  
*Organization Name*

\_\_\_\_\_  
*PR/Award Number or Project Name*

\_\_\_\_\_  
*Name of Authorized Representative*

\_\_\_\_\_  
*Title*

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

\_\_\_\_\_  
*Date*

**Instructions for Certification**

1. By signing and submitting this Certification, the prospective lower tier participant is providing the certifications set out herein.
2. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
3. Except for transactions authorized under paragraph 3 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used herein, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 and Executive Order 12689. You may contact the person to which this Certification is submitted for assistance in obtaining a copy of those regulations.
5. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the "GSA Government-Wide System for Award Management Exclusions" (SAM Exclusions) at <http://www.sam.gov>.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required herein. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.



**CERTIFICATE REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit ISBE 85-37, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\_\_\_\_\_  
*Organization Name*

\_\_\_\_\_  
*PR/Award Number or Project Name*

\_\_\_\_\_  
*Name of Authorized Representative*

\_\_\_\_\_  
*Title*

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

\_\_\_\_\_  
*Date*

**DISCLOSURE OF LOBBYING ACTIVITIES**

**Directions:** Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. (See reverse for public burden disclosure.)

1. TYPE OF FEDERAL ACTION

a. Contract     b. Grant     c. Cooperative agreement     d. Loan     e. Loan guarantee     f. Loan insurance

2. STATUS OF FEDERAL ACTION

a. Bid/offer/application     b. Initial award     c. Post-award

3. REPORT TYPE

a. Initial filing     b. Material change     For material change only: \_\_\_\_\_ Year \_\_\_\_\_ Quarter \_\_\_\_\_ Date of last report

4. NAME AND ADDRESS OF REPORTING ENTITY

Prime     Subawardee, Tier \_\_\_\_\_, if known \_\_\_\_\_ Congressional District, if known

5. IF REPORTING ENTITY IN NO. 4 IS SUBAWARDEE, ENTER NAME AND ADDRESS OF PRIME

\_\_\_\_\_ Congressional District, if known

6. FEDERAL DEPARTMENT/AGENCY

7. FEDERAL PROGRAM NAME/DESCRIPTION

\_\_\_\_\_ CFDA Number, if applicable

8. FEDERAL ACTION NUMBER, if known

9. AWARD AMOUNT, if known

\$ \_\_\_\_\_

10a. NAME AND ADDRESS OF LOBBYING ENTITY  
(If individual, last name, first name, MI)

b. INDIVIDUALS PERFORMING SERVICES  
(Including address if different from No. 10a) (last name, first name, MI)

**(Attach Continuation Sheet(s) ISBE 85-37A, if necessary)**

11. AMOUNT OF PAYMENT (check all that apply)

\$ \_\_\_\_\_     Actual     Planned

12. FORM OF PAYMENT (check all that apply)

a. Cash     b. In-kind; specify: nature \_\_\_\_\_ value \_\_\_\_\_

13. TYPE OF PAYMENT (check all that apply)

a. Retainer     b. One-time fee     c. Commission  
 d. Contingent fee     e. Deferred     f. Other, specify \_\_\_\_\_

14. Brief description of services performed or to be performed and date(s) of service, including officer(s), employee(s), or member(s) contacted, for payment indicated in item 11.

15.  YES     NO    CONTINUATION SHEET(S), ISBE 85-37A ATTACHED

16. Information requested through this form is authorized by title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

ORIGINAL SIGNATURE

PRINT NAME OR TYPE

TITLE

TELEPHONE NUMBER

DATE

**INSTRUCTIONS FOR COMPLETION OF  
ISBE 85-37, DISCLOSURE OF LOBBYING ACTIVITIES**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the ISBE 85-37A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not an ISBE 85-37A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.*

**ILLINOIS STATE BOARD OF EDUCATION**  
100 North First Street  
Springfield, Illinois 62777-0001

ATTACHMENT 14C

**CONTINUATION SHEET**  
**DISCLOSURE OF LOBBYING ACTIVITIES**

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REPORTING ENTITY

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Illinois State Board of Education  
**GEPA 442 Assurances – Federal Funded Grants**

\_\_\_\_\_  
*(Insert Applicant's Name Here)*

The following assurances cover participation by the local educational agency (LEA) identified below in all programs under which Federal funds are made available to such LEA through ISBE, and which require an application under Section 442 of the General Education Provisions Act (GEPA) (20 U.S.C. § 1232e) (collectively, "Programs", and each, a "Program").

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:

\_\_\_\_\_

2. 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 in 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.

"LEA" means the local education agency.

"Project" means the activities to be performed for which grant funds are being sought by the applicant.

I hereby certify, on behalf of the LEA identified below, all of the following with respect to the Programs:

1. The LEA will administer each Program in accordance with all applicable statutes, regulations, program plans, and applications;
2. The control of funds provided to the LEA under each Program and title to property acquired with those funds, will be in a public agency and that a public agency will administer those funds and property;
3. The LEA will use fiscal control and fund accounting procedures that will ensure proper disbursement of, and accounting for, Federal funds paid to that agency under each Program. The LEA's administration and expenditure of Program funds shall be in accordance with all applicable requirements of the Education Department General Administrative Regulations (EDGAR), and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements contained in 2 CFR part 200.;
4. The LEA will make reports to ISBE and to the Secretary as may reasonably be necessary to enable ISBE and the Secretary to perform their duties and meet federal reporting requirements, and the LEA will maintain such records, including the records required under Section 1232f of Title 20-Education, and provide access to those records, as ISBE or the Secretary deem necessary to perform their duties;
5. The LEA will provide reasonable opportunities for the participation by teachers, parents, and other interested agencies, organizations, and individuals in the planning for and operation of each Program;
6. Any application, evaluation, periodic program plan or report relating to each Program will be made readily available to parents and other members of the general public;
7. In the case of any Program project involving construction: (A) the project will comply with State requirements for the construction of school facilities; and (B) in developing plans for construction, due consideration will be given to excellence of architecture and design and to compliance with standards prescribed by the Secretary under section 794 of Title 29 in order to ensure that facilities constructed with the use of Federal funds are accessible to and usable by individuals with disabilities;
8. The LEA has adopted effective procedures for acquiring and disseminating to teachers and administrators participating in each Program significant information from educational research, demonstrations, and similar projects, and for adopting, where appropriate, promising educational practices developed through such projects; and
9. None of the funds expended under any applicable Program will be used to acquire equipment (including computer software) in any instance in which such acquisition results in a direct financial benefit to any organization representing the interests of the purchasing entity or its employees or any affiliate of such an organization.

\_\_\_\_\_  
*Name of Applicant*

By: \_\_\_\_\_  
Date Signature of Authorized Official Title

**ILLINOIS STATE BOARD OF EDUCATION**

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

**FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)**

APPLICANT NAME (District Name and Number, if applicable)			REGION, COUNTY, DISTRICT, TYPE CODE
FISCAL YEAR <b>18</b>	SOURCE OF FUNDS CODE <b>4605</b>	DUNS (9 digit number)**	PROGRAM NAME

The Federal Funding Accountability and Transparency Act (31 U.S.C. 6102; P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires a Prime Awardee, such as a State agency, to report an award of \$25,000 or more made to a subrecipient as of October 1, 2010 (also see 2 CFR part 170).

To fulfill reporting requirements, provide a brief but succinct description of how the funding you receive will support your activities and actions to meet the purpose and goals of your Federal grant. If there are multiple funding actions, please provide a description for each funding action.

Example of project description: Funds will be used for professional development to train teachers in the use of technology to improve instruction and make Adequate Yearly Progress. In addition, funds will be used to recruit and retain highly-qualified teachers.

**Project Description\*:** (255 maximum characters used)

**Agency's Annual Gross Revenues\*:**

Yes     No    In the previous fiscal year, did your organization (including parent organizations, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; AND (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Please select the Yes check box only if both (1) and (2) are answered affirmatively.

If yes, please provide the names and the total compensation package (using the preceding fiscal year's compensations of the top 5 highest paid individuals within your organization, regardless of the funding source\*).

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	
5.	

\* Required Field      \*\* If you do not have a DUNS number, please contact Dun & Bradstreet at [fedgov.dnb.com/webform](http://fedgov.dnb.com/webform)