

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>586-84-3294</b>
6.	CSFA Title	<b>School Breakfast Program: School Breakfast Expansion Grant</b>
<b>Catalog of Federal Domestic Assistance (CFDA)</b> <input type="checkbox"/> Not applicable (No federal funding)		
7.	CFDA Number	<b>10.579</b>
8.	CFDA Title	<b>Child Nutrition Discretionary Grants Limited Availability</b>
9.	CFDA Number	
10.	CFDA Title	
<b>Funding Opportunity Information</b>		
11.	Funding Opportunity Number	<b>25-4220-BE</b>
12.	Funding Opportunity Title	<b>School Breakfast Expansion Grant</b>
13.	Funding Opportunity Program Field	<b>Education</b>
<b>Competition Identification</b> <input checked="" type="checkbox"/> Not Applicable		
14.	Competition Identification Number	
15.	Competition Identification Title	

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

**Applicant Completed Section**

APPLICANT NAME (District Name and Number, if applicable)	REGION COUNTY DISTRICT TYPE CODE
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16.	Legal Name (Name used for UEI registration and grantee prequalification)	
17.	Common Name (DBA)	
18.	Employer/Taxpayer Identification Number (EIN, TIN)	
19.	Organizational UEI 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.	Email 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.	Email 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 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)

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.	Email Address	
53.	Signature of Authorized Representative	
54.	Date Signed	

Nutrition Department  
100 North First Street, W-270  
Springfield, Illinois 62777-0001

**FY 2025**  
**SCHOOL BREAKFAST PROGRAM**  
**EXPANSION GRANT APPLICATION**

Sponsor Name:	RCDT:
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**Key Objectives**

1. Improve quality and nutritional standards of breakfast food served using less sodium and sugar and serving a variety of protein sources, whole grains, milk, fruits, and vegetables.
2. Establish, maintain, or expand a School Breakfast Program within qualifying schools.
3. Increase School Breakfast Program participation in qualifying schools.

**Project Activities**

Indicate the type(s) of project activities which will utilize grant funding in support of the Key Objectives.

- Marketing/Event activities and materials to promote the School Breakfast Program to students in qualifying schools.
- Purchase or renovation of equipment that is needed for operation of the School Breakfast Program in qualifying schools.
- Staffing needs for operation of the School Breakfast Program in qualifying schools.
- Travel expenses for relevant LEA/school personnel to attend in-person training related to this grant.
- Other: \_\_\_\_\_

**Qualifying Schools**

All activities within the project proposal must support the program objectives for qualifying schools. To view a list of qualifying schools, [click here](#).

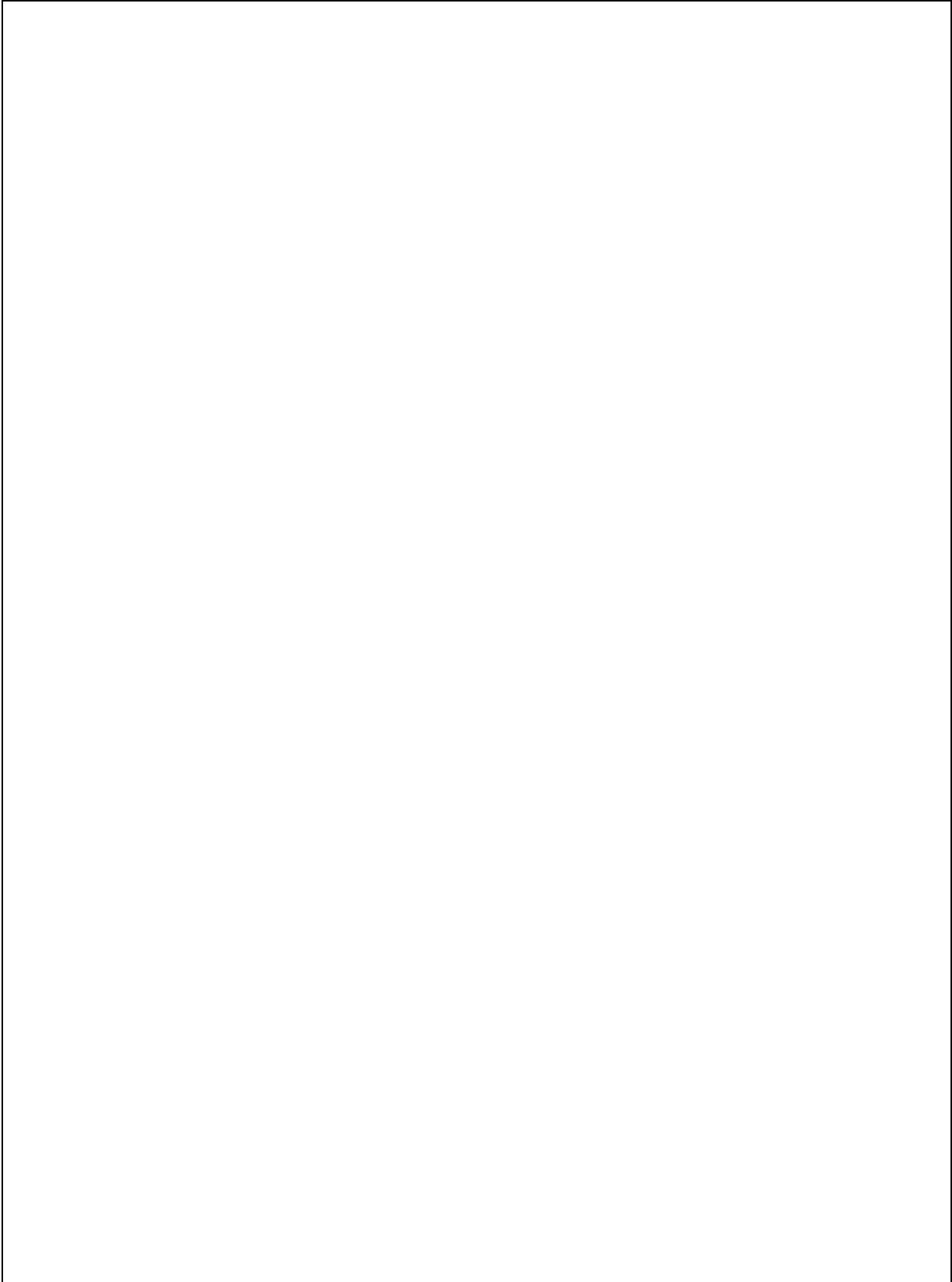
In the space below, list the qualifying school or schools which are included in this project. Additional pages may be attached if more space is needed.

WINS Site Number	Site Name	Does this site currently have a School Breakfast Program or desire to initiate a School Breakfast Program?
		<input type="checkbox"/> Currently operates SBP <input type="checkbox"/> Will implement SBP during school year 2024-2025
		<input type="checkbox"/> Currently operates SBP <input type="checkbox"/> Will implement SBP during school year 2024-2025
		<input type="checkbox"/> Currently operates SBP <input type="checkbox"/> Will implement SBP during school year 2024-2025
		<input type="checkbox"/> Currently operates SBP <input type="checkbox"/> Will implement SBP during school year 2024-2025
		<input type="checkbox"/> Currently operates SBP <input type="checkbox"/> Will implement SBP during school year 2024-2025

## **Project Narrative**

Provide a description of the proposed project, ensuring that the following criteria are addressed within the narrative. Additional pages may be attached if more space is needed.

- Describe specific activities or purchases that will be supported by grant funds, including a timeline for the proposed activities/purchases.
- Explain how the activities and/or purchases will help to accomplish one or more of the Key Objectives of this grant.
- What are your specific goals for your School Breakfast Program that the grant funds would help to achieve?



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

**ILLINOIS STATE BOARD OF EDUCATION**

Nutrition Department  
 100 North First Street, W-270  
 Springfield, Illinois 62777-0001

**FY 2025**

Grant Name: School Breakfast Program

Source of Funds: Expansion Grant

**FEDERAL BUDGET SUMMARY**

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

<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

FISCAL YEAR <b>25</b>	SOURCE OF FUNDS CODE	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)	

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)
1	1000	Instruction								
2	2110	Attendance & Social Work Services								
3	2120	Guidance Services								
4	2130	Health Services								
5	2140	Psychological Services								
6	2150	Speech Pathology & Audiology Services								
7	2210	Improvement of Instruction Services								
8	2220	Educational Media Services								
9	2230	Assessment & Testing								
10	2300	General Administration								
11	2400	School Administration								
12	2510	Direction of Business Support Services*								
13	2520	Fiscal Services*								
14	2530	Facilities Acquisition and Construction**								
15	2540	Operation & Maintenance of Plant Services								
16	2550	Pupil Transportation Services								
17	2560	Food Services								
18	2570	Internal Services*								
19	2610	Direction of Central Support Services								
20	2620	Planning, Research, Development & Evaluation Services								
21	2630	Information Services								
22	2640	Staff Services*								
23	2660	Data Processing Services*								
24	2900	Other Support Services								
25	3000	Community Services								
26	3700	Nonpublic School Pupil Services								
27	4000	Payments to Other Districts or Government Units								
28	5000	Debt Services								
29	Total Direct Costs									
30	Approved Indirect Costs x _____%*									
31	<b>TOTAL BUDGET</b>									

\* Contact the GATA Department for indirect cost restrictions.

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

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

**FY 2025 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](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.

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>									