INLLINOIS 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	☐ Preapplication ☒ Application ☐ Changed/Corrected Application
2.	Type of Application	☒ New ☐ Continuation (i.e. multiple year grant) ☐ Revision (modification to initial application)
3.	Date/Time Received by State *(Completed by State Agency upon Receipt of Application)*	
4.	Name of the Awarding State Agency	**Illinois State Board of Education**
5.	Catalog of State Financial Assistance (CSFA) Number	**586-43-3167**
6.	CSFA Title	**State Programs: Computer Science Equity Grant**
Catalog of Federal Domestic Assistance (CFDA)		☒ **Not applicable (No federal funding)**
7.	CFDA Number	
8.	CFDA Title	
9.	CFDA Number	
10.	CFDA Title	
Funding Opportunity Information		
11.	Funding Opportunity Number	**24-3999-CS**
12.	Funding Opportunity Title	**Computer Science Equity Grant**
13.	Funding Opportunity Program Field	**Education**
Competition Identification		☒ **Not Applicable**
14.	Competition Identification Number	
15.	Competition Identification Title	

**Uniform Application for State Grant Assistance** **Illinois State Board of Education** **Applicant Completed Section**
	APPLICANT NAME (District Name and Number, if applicable)	REGION COUNTY DISTRICT TYPE CODE
16.	Legal Name (Name used for 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 *(Include Area Code)*	
29.	Fax Number *(Include Area Code)*	
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 *(Include Area Code)*	
36.	Fax Number *(Include Area Code)*	
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) *Add Attachments (e.g., maps), if needed*	
41.	Legislative and Congressional Districts of Applicant	
42.	Legislative and Congressional Districts of Program / Project *Attach an additional list, if needed*	

Applicant's Project

43.	Description Title of Applicant's Project *Text only for the title of the applicant's project.*	
44.	Proposed Project Term	Start Date: _____ End Date: _____
45.	Estimated Funding *(Include all that apply)*	☐ Amount Requested from the State: $_____ ☐ Applicant Contribution (e.g., in kind, matching): $_____ ☐ Local Contribution: $_____ ☐ Other Source of Contribution: $_____ ☐ Program Income: $_____ ☐ 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 *(Include Area Code)*	
50.	Fax Number *(Include Area Code)*	
51.	Email Address	
53.	Signature of Authorized Representative	
54.	Date Signed	

ILLINOIS STATE BOARD OF EDUCATION

Standards and Instruction Department
100 North First Street, N-242
Springfield, Illinois 62777-0001

**FY 2024
COMPUTER SCIENCE
EQUITY GRANT**

PROGRAM NARRATIVE

Directions: Address sections 1-3, and the priority points section (if applicable) in the Program Narrative section of the RFP. For specfic evaluation criteria in each section, applicants are advised to review the evaluation rubric in the RFP. ***Responses must be limited to not more than 5 pages.***

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**ILLINOIS
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ATTACHMENT 2

Page _____ of _____

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Springfield, Illinois 62777-0001

OBJECTIVES AND ACTIVITIES

APPLICANT NAME (Fiscal Agent) - LEA OR ENTITY NAME	REGION, COUNTY, DISTRICT, TYPE CODE

Directions: Responses should include all planned activities; a timeline for activities, including beginning and completion dates; the person(s) responsibile; the evaluation measures and components. ***Responses must be limited to not more than FIVE pages.***

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PROGRAM EVALUATION DESIGN

LEA NAME (for joint proposal)	REGION, COUNTY, DISTRICT, TYPE CODE
DISTRICT NAME AND NUMBER	SCHOOL NAME

Directions: Address Section 4 found in the sustainability component of the proposal providing details of how the tangible benefits of cost measure total effectivenes of program and outline steps that will be employed to evaluate the program. ***Responses must be limited to not more than FIVE pages.***

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

ILLINOIS STATE BOARD OF EDUCATION
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FY 2024

Computer Science Equity Grant

Source of Funds: 3999-CS

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

FISCAL YEAR	SOURCE OF FUNDS CODE	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
24	**3999-CS**		

DISTRICT NAME AND NUMBER

CONTACT PERSON	TELEPHONE NUMBER (Include Area Code)

E-MAIL ADDRESS	FAX NUMBER (Include Area Code)

ISBE USE ONLY

Please check:
☐ COMPLETED Notice of State Award (NOSA)
☐ COMPLETED Uniform Grant Agreement (UGA)

PROGRAM APPROVAL DATE AND INITIALS

TOTAL FUNDS

CARRYOVER FUNDS	CURRENT FUNDS

BEGIN DATE	END DATE

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3) (Obj. 100s)	EMPLOYEE BENEFITS (4) (Obj. 200s)	PURCHASED SERVICES (5) (Obj. 300s)	SUPPLIES AND MATERIALS (6) (Obj. 400s)	CAPITAL OUTLAY (7) (Obj. 500s)	OTHER OBJECTS (8) (Obj. 600s)	NON-CAPITALIZED EQUIPMENT (9) (Obj. 700s)	TOTAL (11)	PAYMENT SCHEDULE
1	1000	Instruction									
2	2110	Attendance & Social Work Services									July-August
3	2120	Guidance Services									
4	2130	Health Services									September
5	2140	Psychological Services									
6	2150	Speech Pathology & Audiology Services									October
7	2210	Improvement of Instruction Services									
8	2220	Educational Media Services									November
9	2230	Assessment & Testing									
10	2300	General Administration									December
11	2400	School Administration									
12	2510	Direction of Business Support Services									January
13	2520	Fiscal Services									
14	2530	Facilities Acquisition and Construction									February
15	2540	Operation & Maintenance of Plant Services									
16	2550	Pupil Transportation Services									March
17	2560	Food Services									
18	2570	Internal Services									April
19	2610	Direction of Central Support Services									
20	2620	Planning, Research, Development & Evaluation Services									May
21	2630	Information Services									
22	2640	Staff Services									June
23	2660	Data Processing Services									
24	2900	Other Support Services									July-August
25	3000	Community Services									
26	3700	Nonpublic School Pupil Services									**TOTAL**
27	4000	Payments to Other Districts or Government Units									$ _____
28	5000	Debt Services									
29		Total Direct Costs									
30		**INDIRECT COSTS (Direct Cost X _____ %) ***									
31		**TOTAL BUDGET**									

* Contact the GATA Department for indirect cost restrictions.

_____	_____	_____	_____
Date	*Original* Signature of Superintendent or Administrator	Date	*Original* Signature of ISBE Department Administrator

ISBE 00-00 State FY24 Budget (2/24)

ATTACHMENT 5

ILLINOIS STATE BOARD OF EDUCATION

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**FY 2024
COMPUTER SCIENCE
EQUITY GRANT**

BUDGET NARRATIVE

APPLICANT NAME (LEA)	REGION, COUNTY, DISTRICT, TYPE CODE
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INSTRUCTIONS: Address Section 5 found in the Cost Effectivness components of the proposal. Responses should include a budget summary for each of the three years of the grant cycle, FY24, FY25, and FY26. Please note that when filling out the State Budget Summary and Payment Schedule, you will only use FY24 information. To view allowable use of funds, please review Section 700.50 Program Specificiations in Rules. ***Responses must be limited to not more than five pages.***

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