

**Illinois Arts Council Agency**

Arts and Foreign Language Education  
 Implementation Assistance Grant  
 FY 2021

COVER PAGE

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INSTRUCTIONS: Email the application attachments to Jerome.Grand@Illinois.gov with the subject line: "AFL Implementation application" by the deadline.

DISTRICT NAME AND NUMBER		REGION-COUNTY-DISTRICT-TYPE-CODE	
FEIN (Federal Employer Identification Number)		DUNS NUMBER	
SUPERINTENDENT / AUTHORIZED OFFICIAL (notification)		PROGRAM CONTACT	
TITLE		TITLE	
ADDRESS (Street, City, State, Zip Code)		ADDRESS (Street, City, State, Zip Code)	
TELEPHONE	FAX	TELEPHONE	FAX
E-MAIL		E-MAIL	

Check one only: <input type="checkbox"/> Arts <input type="checkbox"/> Foreign Language  Request Amount: \$ _____	Type of District: <input type="checkbox"/> Unit <input type="checkbox"/> High School <input type="checkbox"/> Elementary  Grade Levels to be served: _____  Estimate number of students served: _____	Indicate your legislative districts:  Congressional: _____ Senate: _____ House: _____
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STATEMENT OF ASSURANCES

The applicant HEREBY CERTIFIES THAT:

1. It has reviewed the Illinois Arts Council Agency's Policies and Priorities and the program guidelines. <http://www.arts.illinois.gov/grants-programs/funding-programs/policies-priorities>
2. It meets the Illinois Arts Council Agency eligibility requirements.
3. Any funds received under this grant shall not be used to supplant funds normally budgeted for services of the same type.
4. It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 200D); and FURTHER AGREES THAT it will comply with Title VII of the Civil

Rights Act of 1964 (42 U.S.C. 200e) as amended by the Equal Employment Opportunities Act of 1972 (Public Law 92-261) and the Americans with Disabilities Act of 1990 (Public Law 101-336), and the Constitution of the State of Illinois (article 1 section 17-19); and FURTHER AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 706); and FURTHER AGREES THAT it will comply with Title IX of the Education Amendment of 1972 (20 U.S.C. 1981); and FURTHER AGREES THAT it will comply with the Age Discrimination Act of 1975 (Public Law 94-135, Title III, Article 303).

5. The figures, facts, and representation in this application, including all exhibits and attachments,

are true and correct to the best of its knowledge and belief.

6. The filing of this application has been authorized by the governing board of the applicant.

7. It will expend funds received as a result of this application solely on the described projects and programs and will separately provide funds for the maintenance of the organization.

THIS ASSURANCE is binding on the Applicant, its successors, transferees, and assignees.

I certify that the program administrator / contact person identified above is authorized to act on behalf of the institution with regards to the Arts and Foreign Language Planning Assistance Grant.

\_\_\_\_\_  
 SIGNATURE of Superintendent or Authorized Official

\_\_\_\_\_  
 Date

**Illinois Arts Council Agency**

Arts and Foreign Language Education

Implementation Assistance Grant

FY 2021

Applicant Name (District Name and Number, if applicable)

Attachment 1: Narrative

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**A. Proposal Abstract**

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INSTRUCTIONS: Describe in 300 words or less the ways in which your school district intends to utilize grant monies from this program. Discuss a) overall goals, b) objectives and activities, and c) sustainability plans of the project.

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Attachment 1: Narrative

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**B. Proposal Narrative**

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INSTRUCTIONS: Describe the district/school-level program including: a) need and b) proposed program. (See RFP for specific descriptions.) Limit Proposal Narrative to three pages.

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Applicant Name (District Name and Number, if applicable)
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Applicant Name (District Name and Number, if applicable)

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INSTRUCTIONS: Refer to Proposal Attachments section of the RFP for detailed instructions.

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OBJECTIVE (List one objective per page)

ACTIVITY	TIMELINE		PERSONS RESPONSIBLE
	START	COMPLETION	

Applicant Name (District Name and Number, if applicable)

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INSTRUCTIONS: Refer to Proposal Attachments section of the RFP for detailed instructions.

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OBJECTIVE (List one objective per page)

ACTIVITY	TIMELINE		PERSONS RESPONSIBLE
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Applicant Name (District Name and Number, if applicable)

INSTRUCTIONS: Refer to Proposal Attachments section of the RFP for detailed instructions.

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	START	COMPLETION	



Applicant Name (District Name and Number, if applicable)

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Directions: Prior to preparing this Budget Summary 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 March 15, 2021 and the grant period will extend from the execution date of the grant until November 15, 2021.

Note: use whole dollars only. Omit dollar signs, commas, and decimal places.

LINE	FUNCTION NUMBER 1	EXPENDITURE ACCOUNT 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES & 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)	
1	1000	Instruction								
7	2210	Improvement of Instruction Services								
10	2300	General Administration Capped at 5%								
16	2550	Pupil Transportation Services								
27	4000	Payments to Other Educational and Governmental Units								
29	TOTAL DIRECT COSTS									
31	TOTAL BUDGET REQUEST									

\*\*In no instances can Capital Outlay or Facilities Acquisition and Construction Services be included in the indirect cost calculation.

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**B. Budget Summary Breakdown**

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES & 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>									











**Illinois Arts Council Agency**

Arts and Foreign Language Education  
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Applicant Name (District Name and Number, if applicable)

INSTRUCTIONS: Provide detail below about the local cash and in-kind match that must be provided in each year of the grant. Use a separate sheet for each fiscal year to be included.

Check one:

- FY 2021** (equal to 25 percent of the total grant received in FY 2021)
- FY 2022** (equal to 50 percent of the total grant received in FY 2022)
- FY 2023** (equal to 100 percent of the total grant received in FY 2023)

CASH (indicate amount)	IN-KIND		SOURCE OF MATCH		
	DESCRIPTION	VALUE (in dollars)	NAME OF ORGANIZATION	CHECK ONE	
				PENDING	CONFIRMED
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Total Cash \$ \_\_\_\_\_ + Value of In-Kind (not to exceed 50 percent of match) \$ \_\_\_\_\_ = Total Match \$ \_\_\_\_\_

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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Total Cash \$ \_\_\_\_\_ + Value of In-Kind (not to exceed 50 percent of match) \$ \_\_\_\_\_ = Total Match \$ \_\_\_\_\_

**Program-Specific Terms of the Grant**

1. No subcontracting is allowed under this grant.
2. All grant funds must be spent or obligated and all activities must be completed prior to the project ending date.
3. Grantees must provide the required match of cash and in-kind donations in each of the three years of the grant. Those grantees unable to provide a match or whose match decreases may have continuation grants reduced or not renewed.
4. Grantees must participate in any future evaluation conducted by the Illinois Arts Council Agency, Illinois State Board of Education, or an independent evaluator.
5. Each award recipient must submit a completion report showing the obligations and the expenditures for the project no later than 30 calendar days after the project ending date. Grantees must submit a Final Performance Report no later than 30 calendar days following the ending date of the grant that:
  - a. outlines the activities completed with grant funds;
  - b. demonstrates that students within the district have had increased, improved and equitable access to a comprehensive, standards-based arts or foreign language education; and
  - c. summarizes the long-term commitment to implementing the program. The report also must present an action plan to implement arts or foreign language instruction. Information about accessing the requirements will be provided to all grantees before the end of the grant period.

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Name of Applicant

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Signature

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Date

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SUPERINTENDENT / AUTHORIZED OFFICIAL

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Title