

**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education and Support Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001

ATTACHMENT 1

**FY 2012  
REGIONAL SAFE SCHOOLS PROGRAM  
Renewal Funding Agreement**

NAME OF APPLICANT Mid-Valley Special Education Cooperative		REGION, COUNTY, DISTRICT, TYPE CODE 31-045-3030-61
AGENCY ADMINISTRATOR Carla Cumblad		CONTACT PERSON (If different than Administrator) Paige McNulty
ADDRESS (Street, City, State, Zip Code) 1304 Ronzheimer Ave., St. Charles, IL 60174		ADDRESS (Street, City, State, Zip Code) 1304 Ronzheimer Ave., St. Charles, IL 60174
TELEPHONE (Include Area Code) 630-513-4400	FAX (Include Area Code) 630-513-8525	TELEPHONE (Include Area Code) 630-377-4858
E-MAIL carla.cumblad@d303.org		E-MAIL paige.mcnulty@d303.org
WEB-SITE ADDRESS mvse.org		STARTING DATE 7/1/12
BUDGET REQUEST Total \$ 146,500.00		ENDING DATE 6/30/13

Illinois Regional Safe Schools Program funds are requested to provide financial support for activities as described in this agreement. This project shall meet the State of Illinois legal requirements, where applicable.

**CHECK BOX (Check if applicable)**

- ☒ The grantee's RSSP will submit a school calendar to ISBE prior to the start of the school year.
- ☒ The grantee maintains appropriate intergovernmental agreement updated on an annual basis with the school districts identified in the RSSP FY 2009 application. If there is a substantive change in any agreement, or a school is added or deleted, the grantee will notify ISBE and if appropriate provide ISBE with copies of the current intergovernmental agreement.

**SITE IDENTIFICATION** – List the name, location, grades served (i.e., 6-8, 9-12), and estimated number of students served by type of referral for each RSSP site.

NAME OF PROGRAM SITE (Completed name and acronym, if applicable)	ADDRESS OF PROGRAM SITE (Street, City, State, Zip Code)	GRADE LEVEL	NUMBER OF STUDENTS (Estimate)		
			Eligible Suspension	Expulsion Eligible	Total
SITE NAME Mid-Valley Safe Schools Program at Mades Joh	1304 Ronzheimer Ave. St. Charles, IL 60174	6-12	5	30	35
RCDT 3 1 - 0 4 5 - 3 0 3 0 - 6 1 - 6 1 0 1					
SITE NAME					
RCDT					
SITE NAME					
RCDT					
SITE NAME					
RCDT					
SITE NAME					
RCDT					

5-25-12

Date

Signature of Regional Office of Education Superintendent, Chicago Board of Education Chief Executive Officer, or Intermediate Service Center for Executive Director

FY 2012  
REGIONAL SAFE SCHOOLS PROGRAM  
PROGRAM NARRATIVE

ATTACHMENT 2

Page \_\_\_\_\_ of \_\_\_\_\_

NAME OF APPLICANT	REGION, COUNTY, DISTRICT, TYPE CODE
Mid-Valley Special Education Cooperative	31-045-3030-61

The narrative must include a 1) needs statement, 2) program objectives, 3) program activities, and 4) program evaluation as outlined in the continuation application. You may use this page or submit the narrative on separate sheets.

**Needs Statement:**

Program options like those provided by the RSSP Safe Schools program are essential for the Mi-Valley Cooperative's member school districts to increase safety and promote a sound learning environment in their public schools; and meet the needs of students who are best served in an alternate environment. This program provides students who have been recommended for expulsion and those who have been suspended from school multiple times, the opportunity to continue to earn credit toward graduation as they learn to make better choices while removed from the school setting. These students would otherwise be without any public school educational placements or services.

**Program Objectives:**

It is expected that up to 35 students will be served in the Mid-Valley Safe Schools Program throughout the 2012-13 school year. The students, who may be enrolled in the program for up to two years, are those who have either:

- 1) been recommended for expulsion;
- 2) expelled and readmitted for transfer in lieu of expulsion;
- 3) expelled and readmitted for transfer to the Mid-Valley Safe Schools Program; or
- 4) repeatedly suspended from school for disruptive behaviors.

The primary objective is to support the student in continued learning and progress toward graduation until such time as the student is permitted to (a) transfer back to their home school; (b) transfer to another appropriate placement; or (c) graduate from high school.

The Mid-Valley Safe Schools program is staffed with a full-time, experienced teacher who holds LBS1 certification at the Mades-Johnstone Center in St. Charles. Class size is expected to range from 5-20 students throughout the school year. Support staff are provided as needed. An additional teacher may be added if enrollment increases.

Students with disabilities who are eligible for special education services may be enrolled in the Mid-Valley Safe Schools Program, and may, on a case-by-case basis, be administratively transferred to the special education program, provided the Mid-Valley Safe School is determined by the IEP team to be the appropriate placement for the student. Students with disabilities are eligible for placement in the Mid-Valley Safe Schools program if they meet the criteria of the program and are approved for placement in accordance with standard procedures. A student with a disability will not be discriminated against based on his/her disability. Students with disabilities who meet all of the criteria for placement will not be denied placement based on the need for special education services. Specialized instruction and related services will be provided in accordance with the students' IEPs.

Grant funds will be used to pay salaries for: 1 FTE teacher, All other salaries, (.5 FTE assistant; .3 FTE Social Worker, and .15 FTE vocational specialist), supplies and materials, professional development and student travel will be paid by district tuition.

Local contributions to the program (not supported by grant funds) include classroom space with supporting utilities and maintenance; administration of the program by the school principal, supported by his administrative assistant, the recruitment, hiring, supervision, evaluation of staff; additional support staff as needed, and transportation of students.

**Program Activities:**

Students are offered the opportunity, upon recommendation of their school district and consent of their parents, to participate in computer-based instruction, classroom instruction and independent study to earn required course credit. PE is also offered. Computer based instruction, based on the referring school district curricula, at students' individual learning level is supplemented by program staff. Community service projects are integrated into the curriculum, both in school and at local social service agencies throughout the community. Vocational opportunities will be supported by Mid-Valley vocational specialists and job coaches. Students may earn credit through cooperative work-training. High school students earn required academic and elective credit.

**Program Outcomes:**

- 1) Students will attend school and continue their education.
- 2) Students will earn credit toward graduation.
- 3) Students will complete the program and earn a high school diploma.
- 4) Students will successfully re-enter their home school.

FY 2012  
REGIONAL SAFE SCHOOLS PROGRAM  
SERVICES AND ACTIVITIES

ATTACHMENT 3

Page \_\_\_\_ of \_\_\_\_

NAME OF APPLICANT Mid-Valley Special Education Cooperative	REGION, COUNTY, DISTRICT, TYPE CODE 31-045-3030-61
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Check the services provided to students.

BASIS FOR REFERRAL CODE

1 - Suspension Eligible      2 - Expulsion Eligible

SERVICE/ACTIVITY (1)	HOW OFTEN IS SERVICE PROVIDED (Example: 2/wk., 3/wk., etc.) (2)	TYPE OF STUDENT TO RECEIVE SERVICE (REFER TO CODE) (3)	NUMBER OF STUDENTS TO RECEIVE SERVICE PER TYPE OF STUDENT (4)	STAFF PRIMARILY RESPONSIBLE FOR DELIVERY OF SERVICE (5)
<b>Example:</b> Academic Counseling	1/week	1, 2	1    5 2    10 Total 15	Academic Counselor, Smith
<input checked="" type="checkbox"/> Alternative Education Plan	1/semester	1,2	1    5 2    30 Total 35	Principal, McNulty; Tee
<input checked="" type="checkbox"/> Academic Instruction	Daily per student plan	1,2	1    5 2    30 Total 35	MJC Teachers
<input checked="" type="checkbox"/> On-line Instruction	Daily, per student plan	1,2	1    5 2    30 Total 35	MJC Teachers
<input checked="" type="checkbox"/> Behavior Modification	Daily, as required for individuals		1    5 2    30 Total 35	Teacher, Principal, Soc
<input checked="" type="checkbox"/> Community Service	2-3/ month		1    5 2    30 Total 35	Teacher, Social Worke
<input checked="" type="checkbox"/> GED Instruction	As required per plan		1    5 2    30 Total 35	Teacher
<input checked="" type="checkbox"/> Individual Group Counseling			1    5 2    30 Total 35	Social Worker, Palmise
<input type="checkbox"/> Life Skills Training			1 2 Total 0	
<input type="checkbox"/> Mentoring			1 2 Total 0	
<input type="checkbox"/> Parenting Classes for Parents			1 2 Total 0	
<input checked="" type="checkbox"/> School to Work	1/week as required		1    5 2    30 Total 35	Vocational Specialist, C
<input type="checkbox"/> Tutoring			1 2 Total 0	

OTHER SERVICES

<input type="checkbox"/> Other Services - (list)			1 2 Total 0	
<input type="checkbox"/> Other Services - (list)			1 2 Total 0	
<input type="checkbox"/> Other Services - (list)			1 2 Total 0	

☐ Initial Budget ☐ Amendment (No. \_\_\_\_\_)

☐ Revised Initial Budget

**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education and Support Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001  
FY 2012

FISCAL YEAR <b>12</b>	SOURCE OF FUNDS CODE <b>3696-</b>	REGION, COUNTY, DISTRICT, TYPE CODE <b>31-045-3030-61</b>	SUBMISSION DATE (mm/dd/yy)
NAME OF APPLICANT Mid-Valley Special Education Cooperative			
CONTACT PERSON Paige McNulty		TELEPHONE NUMBER (Include Area Code) <b>630-377-4858</b>	
E-MAIL ADDRESS paige.mculty@d303.org		FAX NUMBER (Include Area Code) <b>630-513-8525</b>	

ISBE USE ONLY		PROGRAM APPROVAL DATE AND INITIALS	
TOTAL FUNDS			
CARRYOVER FUNDS			
CURRENT FUNDS			
BEGIN DATE	END DATE		

**REGIONAL SAFE SCHOOLS PROGRAM**

**Budget Summary and Payment Schedule**

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

LINE NUMBER	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	79110							79110	July-August
2	2110 Attendance & Social Work Services								0	September
3	2120 Guidance Services								0	October
7	2210 Improvement of Instruction Services								0	November
10	2300 General Administration								0	December
11	2400 School Administration								0	January
13	2520 Fiscal Services*								0	February
14	2530 Facilities Acquisition & Construction**								0	March
15	2540 Operation & Maintenance of Plant Services								0	April
16	2550 Pupil Transportation Services								0	May
24	2600 Other Support Services								0	June
26	4000 Payments to Other Districts or Govt Units								0	July-August
28	TOTAL DIRECT COSTS	79110	0	0	0	0	0	0	79110	Total \$ 0
30	TOTAL BUDGET								79110	

\*If expenditures are shown, the indirect costs rate cannot be used. \*\*Not applicable to all grants, and in no instances can Capital Outlay or Facilities Acquisition & Construction Services be included in the indirect costs application. All funds, budgeted and expended, will be in accordance with the most recent State and Federal Grant Administration Policy and Fiscal Requirements and Procedures found at [http://www.isbe.net/funding/pdf/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf).

ISBE USE ONLY (Date Received)	Date	5-25-12	Original Signature of Authorized Official
	Date		Original Signature ISBE Division Administrator, Special Education and Support Services

## FY 2012 REGIONAL SAFE SCHOOLS PROGRAM

ATTACHMENT 4A

## Sample Budget Worksheet

FUNCTION NUMBER	EXPENDITURE ACCOUNT	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)	NON-CAPITALIZED EQUIPMENT 9 (Obj. 700s)
1000	Instruction (student use)	<ul style="list-style-type: none"> <li>Teachers</li> <li>Substitutes</li> <li>Aides</li> <li>Tutors</li> </ul>	<ul style="list-style-type: none"> <li>TRS</li> <li>FICA</li> <li>IMRF</li> <li>Medical/Health Ins.</li> <li>Life Ins.</li> <li>Medicare</li> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Worker's Compensation</li> <li>Unemployment Compensation</li> <li>Equip. Maintenance &amp; Repair</li> <li>Contractual Non-District Agency/Employee</li> </ul>	<ul style="list-style-type: none"> <li>Software Workbooks</li> <li>Consumable Supplies</li> <li>Equipment &amp; Furniture &lt; \$500/unit</li> </ul>	<ul style="list-style-type: none"> <li>Equipment &amp; Furniture &gt; \$500/unit</li> </ul>	Use this column when the ROE adopted policy for capitalization differs from the \$500.
2110	Attend & Social Work Services	<ul style="list-style-type: none"> <li>Social Worker</li> </ul>	<ul style="list-style-type: none"> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Contractual Non-District Employee</li> </ul>	<ul style="list-style-type: none"> <li>Related Supplies</li> </ul>		
2120	Guidance	<ul style="list-style-type: none"> <li>Guidance Counselor</li> </ul>	<ul style="list-style-type: none"> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Contractual Non-District Employee</li> </ul>	<ul style="list-style-type: none"> <li>Related Supplies</li> </ul>		
2210	Improvement of Instruction (staff use)	<ul style="list-style-type: none"> <li>Planning time for staff (over &amp; above regular salaries)</li> </ul>	<ul style="list-style-type: none"> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Registration fees</li> <li>Meals</li> <li>Mileage</li> <li>Hotel Accommodations</li> <li>Reading Rec. Train</li> </ul>	<ul style="list-style-type: none"> <li>Supplies &amp; Materials for In-service Workshops</li> </ul>		
2300	General Administration	<ul style="list-style-type: none"> <li>General Coordinator</li> <li>Director</li> <li>Secretary/Clerical</li> </ul>	<ul style="list-style-type: none"> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Audit Fee (prorated)</li> <li>Workers' Compensation</li> <li>Unemployment Compensation</li> <li>Equip. Repair &amp; Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>Administrative, Consumable Supplies &amp; Materials</li> </ul>	<ul style="list-style-type: none"> <li>Equipment &amp; Furniture &gt; \$500 (Admin. ONLY)</li> </ul>	
2400	School Administration	<ul style="list-style-type: none"> <li>Building Coordinator</li> <li>Building Clerical</li> </ul>	<ul style="list-style-type: none"> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Building-related Services</li> </ul>	<ul style="list-style-type: none"> <li>Equipment &amp; Furniture &lt; \$500/unit</li> <li>Building-related Supplies</li> </ul>		
2520	Fiscal Services*	<ul style="list-style-type: none"> <li>Bookkeeper</li> </ul>	<ul style="list-style-type: none"> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Contractual Bookkeeping Services</li> </ul>	<ul style="list-style-type: none"> <li>Related Supplies</li> </ul>		
2530	Facilities Acquisition & Construction**			<ul style="list-style-type: none"> <li>Contractual Architectural &amp; Construction Services</li> </ul>		<ul style="list-style-type: none"> <li>Building Construction</li> <li>Building Renovation</li> </ul>	
2540	Operation & Maintenance of Plant Services	<ul style="list-style-type: none"> <li>Janitor</li> </ul>	<ul style="list-style-type: none"> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Custodial (contract)</li> <li>Building Rental (not to ROE)</li> <li>Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>Utilities (electricity, coal, gas)</li> </ul>		
2550	Pupil Transportation Services	<ul style="list-style-type: none"> <li>Bus Driver Salary</li> </ul>	<ul style="list-style-type: none"> <li>Related Benefits</li> </ul>	<ul style="list-style-type: none"> <li>Contractual Transportation Services</li> <li>Insurance Costs</li> </ul>	<ul style="list-style-type: none"> <li>Gas, Oil &amp; Other Sources &amp; Maintenance Materials</li> </ul>		
2990	Other Support Services						
4000	Pay to Other Government Units			<ul style="list-style-type: none"> <li>Services by College</li> <li>Services by LEA</li> <li>Services by Federal Agency</li> </ul>			

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

\*\* Not applicable to all grants, and in no instances can Capital Outlay or Facilities Acquisition &amp; Construction Services be included in the indirect cost application.

All funds, budgeted and expanded, will be in accordance with the most recent State and Federal Grant Administration Policy and Fiscal Requirements and Procedures.

**REGIONAL SAFE SCHOOLS PROGRAM**  
**LIST OF SCHOOL DISTRICTS CONTRACTING WITH ROE FOR RSSP SERVICES**

NAME OF APPLICANT Mid-Valley Special Education Cooperative	REGION, COUNTY, DISTRICT, TYPE CODE 31-045-3030-61
Only indicate if changed from the FY 2009 Attachment 6 listing.	
DISTRICT NAME AND NUMBER <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	SCHOOL DISTRICT ADDRESS (Street, City, State, Zip Code) St. Charles Community Unit School District, 303 210 S. 7th Street St. Charles, IL 60174
DISTRICT NAME AND NUMBER <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	SCHOOL DISTRICT ADDRESS (Street, City, State, Zip Code) Geneva Community Unit School District 304 227 N. 4th Street Geneva, IL 60134
DISTRICT NAME AND NUMBER <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	SCHOOL DISTRICT ADDRESS (Street, City, State, Zip Code) Batavia Unit School District 101 355 W. Wilson Batavia, IL 60510
DISTRICT NAME AND NUMBER <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	SCHOOL DISTRICT ADDRESS (Street, City, State, Zip Code) Kaneland Community Unit School District 301 47W326 Keslinger Rd. Maple Park, IL 60151
DISTRICT NAME AND NUMBER <input checked="" type="checkbox"/> ADD <input type="checkbox"/> DELETE	SCHOOL DISTRICT ADDRESS (Street, City, State, Zip Code) Central Community School District 302 275 South Street, PO Box 396 Burlington, IL 60109
DISTRICT NAME AND NUMBER <input type="checkbox"/> ADD <input type="checkbox"/> DELETE	SCHOOL DISTRICT ADDRESS (Street, City, State, Zip Code)

**ILLINOIS STATE BOARD OF EDUCATION**  
Special Education and Support Services Division  
100 North First Street, N-253  
Springfield, Illinois 62777-0001

ATTACHMENT 7

**REGIONAL SAFE SCHOOLS PROGRAM  
PROGRAM-SPECIFIC TERMS OF THE GRANT  
FY 2012**

1. Regional Offices of Education or other eligible applicants may form a consortium to operate a Regional Safe Schools Program. A ROE consortium (or consortium of other eligible entities) will combine the amounts of funds of the individual eligible entities. If two or more eligible entities apply separately and receive funding, they can later form a consortium and amend their applications through purchase of service agreements to show their consortium status. A Regional Safe Schools Program may have multiple sites.
2. An eligible entity may operate its own Regional Safe Schools Program or may contract for such a program to be operated by a local school district or by a third party.
3. Detailed transit budgets are required if grant funds are transited to other governmental agencies for the operation of the Regional Safe Schools Program or the provision of services to the program. A separate detailed budget must be submitted by the transit entity. This budget should depict the proposed expenditure of these funds. The Regional Safe Schools Program budget information forms should be used to describe these expenditures. All requirements associated with the amendment process are applicable to transit budgets. All amendments must be reviewed by the Illinois State Board of Education.
4. All subcontracting must be documented and have the prior approval of the Illinois State Board of Education. Subcontracting requirements are detailed under Certifications and Assurances, and Standard Terms of the Grant item 7 of Attachment 8.
5. Financial reports: Quarterly expenditure reports are required for this program pursuant to new language in P.A. 96-0795. The expenditure reports should be filed electronically through the IWAS system provided by the Illinois State Board of Education.
6. Database Reporting Requirements. Each Regional Safe Schools Program must submit database end-of-year reports no later than July 31, 2012. The end-of-year report is available on IWAS

Mid-Valley Special Education Cooperative

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

5-25-12

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

\_\_\_\_\_  
*Signature of Applicant*

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

**CERTIFICATIONS AND ASSURANCES AND STANDARD TERMS OF THE GRANT**

Mid-Valley Special Education Cooperative

*(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

Social Security Account Number, Federal Employer Identification Number or Region/County/District/School Code, as applicable:

31-045-3030-61

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.

"Award recipient" 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.

"Expenditure through dates" are from the project beginning date through September 30, December 31, March 31, and June 30 of each fiscal year and the project ending date.

"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," and "project" may be used interchangeably.

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

The capitalized word "Term" means the period of time from the project beginning date through the project ending date.

**PROJECT**

3. 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.
4. Applicants may be asked to clarify certain aspects of their proposals/applications prior to final agreement on the terms of the project.
5. All funds provided shall be used solely for the purposes stated in the approved proposal/application.
6. 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.

**SUBCONTRACTING**

7. No subcontracting is allowed under this project, except as set forth in the Grant Agreement.

If subcontracting is allowed, then all project responsibilities are to be retained by the applicant to ensure compliance with the terms and conditions of the grant. All subcontracting must be documented and must have the prior written approval of the State Superintendent of Education. Approval of subcontracts shall be subject to the same criteria as are applied to the original proposal/application. The following information is required if any subcontracting is to be utilized:

- Name(s) and address(es) of subcontractor(s);
- Need and purpose for subcontracting;
- Measurable and time-specific services to be provided;
- Association costs (i.e., amounts to be paid under subcontracts); and
- Projected number of participants to be served.

The applicant may not assign, convey or transfer its rights to the grant award without the prior written consent of the State Board of Education.



- (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 for collection of any funds to be returned to ISBE; and
  - (k) Be responsible for the payment of any funds that are to be returned to the Illinois State Board of Education.
35. The applicant hereby assures that when purchasing core instructional print materials published after July 19, 2006, the applicant 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 Center (NIMAC) electronic files containing the contents of the print instructional materials using the NIMAS standard, on or before delivery of the print instructional materials. This does not preclude the district from purchasing or obtaining accessible materials directly from the publisher. For further information, see 105 ILCS 5/28-21 at <http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=010500050HArt%2E+28&ActID=1005&ChapAct=105%26nbsp%3BILCS%26nbsp%3B5%>.

## DRUG-FREE WORKPLACE CERTIFICATION

36. 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, "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 with 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.

The undersigned affirms, under penalties of perjury, that he or she is authorized to execute this Certifications and Assurances and Standard Terms of the Grant on behalf of the applicant. Further, the undersigned certifies under oath that all information in the grant agreement is true and correct to the best of his or her knowledge 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.

5-25-12

Signature of Authorized Official

Title

Date \_\_\_\_\_

Carla Cumblad

Name of Authorized Official (Type or Print)