

ATTACHMENT 1**UNIFORM APPLICATION FOR STATE GRANT ASSISTANCE****Agency Completed Section**

1. Type of Submission: ☐ Pre-application ☐ Application ☐ Change/Corrected Application
2. Type of Application: ☐ New ☐ Continuation (i.e. multiple year grant) ☐ Revision (modification to initial application)
3. Name of the Awarding State Agency: Illinois Board of Higher Education
4. Catalog of State Financial Assistance (CSFA) Number: 601-00-0748
5. CSFA Title: Illinois Cooperative Work Study Grant

Catalog of Federal Domestic Assistance (CFDA)☒ Not Applicable

1. CFDA Number: _____
-
2. CFDA _____

Funding Opportunity Information

Title: _____

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☒ Not Applicable

1. Competition Identification Number: _____
2. Competition Identification _____

Applicant Completed Section

Title: _____

1. Legal Name (Name used for Data Universal Number System (DUNS) registration and grantee pre-qualification):	
2. Common Name (Doing Business As-DBA):	
3. Employer/Taxpayer Identification Number (EIN,TIN):	
4. Organizational Data Universal Number System (DUNS Number):	
5. Federal System for Award Management Commercial and Government Entity Code (SAM Cage Code):	

6. Business Address:

Street	
City:	
State:	
County:	

Institution: _____ Score: _____

Zip:	
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<u>Applicant's Organization Unit</u>

1. Department Name:	
2. Division Name:	

<u>Applicant's Name and Contact Information to be contacted for questions involving this</u>

1. First Name:	
2. Last Name:	
3. Suffix:	
4. Title:	
5. Organizational Affiliation:	
6. Telephone Number:	
7. E-mail address:	

<u>Areas Affected</u>

1. Areas affected by the Project (cities, counties, state-wide):	
2. Legislative and Congressional Districts of Applicant:	
3. Legislative and Congressional Districts of Program/Project:	

<u>Applicant's Project</u>

1. Description Title of Applicant's Project, including the equitable process for all students participating.	
2. Proposed Project Term:	Date of Last Signature in 2025 to August 31, 2026
3. 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:	

Institution: _____ Score: _____

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 and 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 218, Section 1001)

(*)The list of certifications and assurances, or an internet site where you may obtain this list is contained in the Notice of Funding Opportunity.

☐ I AGREE

Authorized Representative

1. First Name:	
2. Last Name:	
3. Suffix:	
4. Title	
5. Telephone Number:	
6. E-mail address:	

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7. Signature of Authorized Representative

8. Date Signed-Authorized Representative

ATTACHMENT 2

**ILLINOIS COOPERATIVE WORK STUDY PROGRAM
FISCAL YEAR 2026 PROGRAM GOALS AND OBJECTIVES**

2. Program Goals and Objectives

a. Briefly describe the goals and objectives of the program. Identify the program's plans for achieving these goal.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"

b. Describe the impact the proposed program will have on the interns and the institution, including opportunities for partnerships and building meaningful connections with students and community partners. Describe how the proposed program will support students and assist in the development of skills.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"

c. Identify personnel responsible for coordinating the activities and supporting the project.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"

ATTACHMENT 3

**ILLINOIS COOPERATIVE WORK STUDY PROGRAM
FY2026 PROJECT NARRATIVE**

3. Program Description

a. Provide a brief description of the program, including description of how the proposed program complements the institution's mission and how the program supports the institution's long- and short-term goals and priorities of growing talent in Illinois.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"

b. A Thriving Illinois: Higher Education Paths to Equity, Sustainability, and Growth

Demonstrate how the proposed program will support the three goals of the state's strategic plan for higher education, *A Thriving Illinois: Higher Education Paths to Equity, Sustainability, and Growth Strategic Plan*.

- Equity: Close the equity gaps for students who have historically been left behind
- Sustainability: Build a stronger financial future for individuals and institutions
- Growth: Increase talent and innovation to drive economic growth

Equity --

1. Describe how the program is designed to support institutional efforts to close equity gaps, including how attainment and employment gaps will be addressed through access to work experiences.
2. Describe how the institution will attract a diverse student group as participants in the proposed program, including underrepresented minority, low socio-economic, disability, and rural student groups and expected participation patterns.
3. Describe the program plans to develop a high-quality experiential learning experience for students, including any wrap-around student support services to ensure equitable access and success for students.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"

c. Describe how the program supports making college more affordable for students and their families, including those who have been historically underserved.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"

d. Describe how the program will prepare students for high demand careers in the Illinois economy. Explain how employer partners are identified and engaged to participate in the program.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"

ATTACHMENT 4**ILLINOIS COOPERATIVE WORK STUDY PROGRAM****FISCAL YEAR 2026****PROPOSED BUDGET****CSFA#601-00-0748**

Institution					
DUNS#					
Estimated number of student participants by academic program:					
Education		Nursing		Engineering	
Mathematics		Computer/Information		Phy. Sciences	
Business, Mgmt. & Marketing		Unknown		Other	
TOTAL OF ALL STUDENT PARTICIPANTS					

Grant Amount Requested:

Student Salaries	\$	
Student Fringe Benefits	\$	
TOTAL REQUESTED	\$	

The amount and source of matching contributions earmarked for the project:

In-kind institutional contribution ²	\$	
Non in-kind institutional contribution ³	\$	
Total Institutional Contribution	\$	
Total Matching Contributions ⁴	\$	
Total # of External Sources		

***Please provide the following additional information as part of your budget structure:**

- What is your *per student* request?
- How much per student, if any, is your institution supplementing through institutional contributions described in Attachment 5?
- Provide justification for the amount you are requesting.

¹ An in-kind contribution is a non-cash input which can be given a cash value. Examples of in-kind contributions may include: program director's salary and fringe benefits associated with running the program.

² Non in-kind contributions are funds directly from the institution used to pay for student salaries, student fringe benefits, etc.

³ Please indicate the amount external organizations such as business, industry, and government contributes to student salaries and fringe benefits.

ATTACHMENT 5**ILLINOIS COOPERATIVE WORK STUDY PROGRAM
FY2026 INSTITUTIONAL CONTRIBUTIONS**

Indicate the amount your institution contributes with in-kind and institutional contributions to the Illinois Cooperative Work Study program. An in-kind contribution is a non-cash input which can be given a cash value. Examples of in-kind contributions may include: program director's salary and fringe benefits associated with running the program. Contributions directly from the institution used to pay for student salaries, student fringe benefits, etc. are considered institutional contributions. Listed below is a general format with budget lines, if additional lines are needed, please submit in a separate document.

In-Kind Contributions

1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
TOTAL In-Kind Contributions		\$	

Institutional Contributions

1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
14.		\$	
15.		\$	
TOTAL Institutional Contributions		\$	
TOTAL ALL Contributions		\$	

ATTACHMENT 6**ILLINOIS COOPERATIVE WORK STUDY PROGRAM
FY2026 PARTICIPATING EXTERNAL EMPLOYERS**

Please list all participating employers who have submitted letters of intent to participate in the program. Employers must be external and not associated with the institution receiving the award.

External Employer NameMatching Contribution

1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	
8.		\$	
9.		\$	
10.		\$	
11.		\$	
12.		\$	
13.		\$	
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16.		\$	
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18.		\$	
19.		\$	
20.		\$	
21.		\$	
22.		\$	
23.		\$	
24.		\$	
25.		\$	
26.		\$	
27.		\$	
28.		\$	
29.		\$	
30.		\$	
TOTAL Contributions from Employers		\$	

ATTACHMENT 7

**ILLINOIS COOPERATIVE WORK STUDY PROGRAM
FY2026 Linkage to Student's Academic Program Summary**

Please briefly describe how the work opportunity is linked to a student's academic program for each employer listed in Attachment 6.

Description of linkage to student's academic program by employer

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ATTACHMENT 8

**ILLINOIS COOPERATIVE WORK STUDY PROGRAM
FY2026 EMPLOYER'S LETTERS OF INTENT**

Employers must submit a new letter of intent each year to participate in the program. The letter of intent, on the employer's letterhead, must be uploaded and clearly outline the employer's commitment by including each of the following:

- how the work opportunity is linked to an academic program;
- the number of positions available;
- the length of the internship (weeks, hours, etc.)
- equitable consideration of applicants;
- the total wage to be paid to the student;
- the employer's share or percentage of the total wage;
- if there is a possibility of permanent employment after the internship ends.

A signed contract of intent between the institution and the employer may be substituted for the letter of intent. All of the items listed above must be included in the contract.

ATTACHMENT 9

**ILLINOIS COOPERATIVE WORK STUDY PROGRAM
FY2026 PROGRAM EVALUATION PLAN**

9. Program Evaluation

a. Describe the program evaluation plan that details how the program's effectiveness, including how the performance measures will be assessed in relation to the stated objectives of the program and IBHE goals to close equity gaps. If the institution received funds from this program in prior years, indicate how the prior evaluations have informed the current program proposal.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"

b. Identify plans for program and student outcomes, including plan for measuring student progress and engagement for employment in Illinois based on the participation in the program.

"[TYPE YOUR ANSWER HERE. Provide complete responses.]"