

Check (✓) One Only:  Arts  Foreign Language

<input type="checkbox"/> INITIAL BUDGET	<input type="checkbox"/> REVISED INITIAL BUDGET
<input type="checkbox"/> AMENDMENT # _____	<input type="checkbox"/> Upward <input type="checkbox"/> Downward <input type="checkbox"/> Level

FISCAL YEAR <b>09</b>	SOURCE OF FUNDS CODE <b>3962-IM</b>	REGION, COUNTY, DISTRICT, TYPE CODE	LEA SUBMISSION DATE (mm/dd/yyyy)
DISTRICT NAME AND NUMBER			
PROGRAM CONTACT		TELEPHONE NUMBER (Include Area Code)	
CONTACT E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

**ILLINOIS STATE BOARD OF EDUCATION**  
Curriculum and Instruction Division  
100 North First Street, C-215  
Springfield, Illinois 62777-0001

**FY 2009 ARTS AND FOREIGN LANGUAGE IMPLEMENTATION ASSISTANCE GRANT**

**Budget Summary and Payment Schedule**

*Use whole dollars only. Omit dollar signs, commas and decimals, e.g., 2536*

<b>ISBE USE ONLY</b>	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE

Directions: Prior to preparing this Budget Summary and Payment Schedule request, please refer to the "State and Federal Grant Administration Policy and Fiscal Requirements and Procedures" handbook that can be accessed at <[http://www.isbe.net/funding/pdf/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf)>. Obligations of funds based on this budget request cannot begin prior to the date of receipt at ISBE or July 1, whichever is later, of a substantially approvable budget request. Further information can be accessed at "General Grant Frequently Asked Questions" at <[http://www.isbe.net/funding/pdf/general\\_grant\\_faq.pdf](http://www.isbe.net/funding/pdf/general_grant_faq.pdf)>.

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICE (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	OTHER OBJECTS (8)	TOTAL (11)	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)		
1	1000	Instruction								July-August
7	2210	Improvement of Instruction Services								September
10	2300	General Administration (Not to exceed 5% of Total Budget)								October
26	4100	Payments to Other Governmental Units								November
28	TOTAL DIRECT COSTS									December
30	TOTAL BUDGET									January

February
March
April
May
June
July-August
TOTAL
\$ _____

ISBE USE ONLY

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

\_\_\_\_\_  
**Original** Signature of Superintendent or Authorized Official

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

\_\_\_\_\_  
**Original** Signature of ISBE Division Administrator, Curriculum and Instruction

