

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 09	SOURCE OF FUNDS CODE 3962-PL	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 PLANNING ASSISTANCE GRANT

Budget Summary and Payment Schedule

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

ISBE USE ONLY	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>. 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>.

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

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

