

**ILLINOIS STATE BOARD OF EDUCATION**

Division Of Early Childhood  
100 North First Street, E-225  
Springfield, Illinois 62777-0001

EARLY CHILDHOOD BLOCK GRANT  
FY 2009 Prevention Initiative

**BUDGET SUMMARY AND PAYMENT SCHEDULE**

COUNTY \_\_\_\_\_

Use whole dollars only. Omit Decimal Places, e.g., \$2536.  
Payment Schedule must be completed based on monthly need.

Initial Budget    Revised Initial Budget    Amendment # \_\_\_\_\_

PROJECT NUMBER			SUBMISSION DATE / /
FISCAL YEAR <b>09</b>	SOURCE OF FUNDS <b>3705-91</b>	REGION, COUNTY, DISTRICT, TYPE CODE	
DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME			
BUDGET CONTACT PERSON		TELEPHONE	
		FAX	
PROGRAM CONTACT PERSON		TELEPHONE	
		FAX	

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

Line	Function Number	Expenditure Account 2	Salaries 3	Employee Benefits 4	Purchased Services 5	Supplies and Materials 6	Capital Outlay 7	Transfers 9	Total 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 700s)		
1	1000	Instruction								July-August
7	2210	Improvement of Instruction Services								September
10	2300	General Administration								October
15	2540	Operation & Maintenance of Plan Services								November
16	2550	Pupil Transportation								December
17	2560	Food Services								January
25	3000	Community Services								February
26	4100	Payments to Other Government Units								March
28	Total Direct Costs									April
39	TOTAL BUDGET									May

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type Name of Superintendent (Dr. Mr., Mrs.)  
OR  
Type Name of Authorized Representative (Dr. Mr., Mrs.)

\_\_\_\_\_  
Original Signature of Superintendent  
OR  
Original Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Original Signature of Division Administrator

June
July-August
TOTAL

FY 2009 EARLY CHILDHOOD BLOCK GRANT  
 PREVENTION INITIATIVE BUDGET BREAKDOWN

DISTRICT NAME AND NUMBER OR AGENCY/ENTITY NAME

Please use a separate budget breakdown page to explain the costs associated with each individual initiative addressed in the proposal. Itemize and explain each expenditure amount, including employee benefits. Use additional pages as needed.

Function Number	Object Number	Explanation (Not Expenditure Account Name)	Salaries	Employee Benefits	Purchased Services	Supplies and Materials	Capital Outlay	Transfers	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)