

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 09	SOURCE OF FUNDS 3705-91	
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	Employee Benefits	Purchased Services	Supplies and Materials	Capital Outlay	Transfers	Total 11	PAYMENT SCHEDULE
			3 (Obj. 100s)	4 (Obj. 200s)	5 (Obj. 300s)	6 (Obj. 400s)	7 (Obj. 500s)	9 (Obj. 700s)		
7	2210	Improvement of Instruction Services								July-August
10	2300	General Administration								September
15	2540	Operation & Maintenance of Plan Services								October
16	2550	Pupil Transportation								November
17	2560	Food Services								December
25	3000	Community Services								January
26	4100	Payments to Other Government Units								February
28	Total Direct Costs									March
39	TOTAL BUDGET									April

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

May
June
July-August
TOTAL

