

Initial Budget
 Revised Initial Budget

Amendment (No. _____)

ILLINOIS STATE BOARD OF EDUCATION
 Grants and Programs
 100 North First Street, N-242
 Springfield, Illinois 62777-0001

FY 2010
School Improvement Grant Continuing Application
- Section 1003(g)

Budget Summary and Payment Schedule

Use whole dollars only. OMIT DOLLAR SIGNS, COMMAS AND DECIMAL PLACES, e.g., 2536

FISCAL YEAR 10	SOURCE OF FUNDS CODE 4339-	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE / /
SCHOOL NAME		DISTRICT NAME AND NUMBER	
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

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 July 1, 2009, or receipt of a substantially approvable budget request, whichever is later.

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT 2	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY ** (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT ** (9)	TOTAL (11)	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)		
1	1000	Instruction									July-August
2	2110	Attendance and Social Work Services									September
7	2210	Improvement of Instruction Services									October
8	2220	Educational Media Services									November
9	2230	Assessment and Testing									December
10	2300	General Administration									January
11	2400	School Administration									February
16	2550	Pupil Transportation Services									March
20	2620	Planning, Research, Development and Evaluation Services									April
24	2900	Other Support Services									May
25	3000	Community Services									June
26	4000	Payments to Other Districts and Government Units									July-August
28	Total Direct Costs										TOTAL
30	TOTAL BUDGET										\$ _____

* If expenditures are shown, the indirect costs rate cannot be used.
 ** Not applicable to all grants, and in no instances can Capital Outlay be included in the indirect costs calculation.

ISBE USE ONLY

Date

Original Signature of Superintendent or Administrator

Date

Original Signature of ISBE Division Administrator, Grants and Programs

**FY 2010 School Improvement Grant Continuing Application - Section 1003(g)
BUDGET SUMMARY BREAKDOWN**

SCHOOL NAME	DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE
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FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY ** (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT ** (9)	TOTAL (11)
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FY 2010 School Improvement Grant Continuing Application - Section 1003 (g)
AMENDMENT BUDGET SUMMARY BREAKDOWN

SCHOOL NAME	DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE
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Directions: Prior to preparing this amendment request, please refer to the State and Federal Grant Administration Policy and Fiscal Requirements Procedures Handbook that can be accessed at <www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf>. Obligations of funds based on this amendment cannot begin prior to the date of receipt at ISBE of a substantially approvable amendment request.

To complete the form below, provide a brief description of each line item to be amended. If needed, attach an expanded explanation of the rationale for requested change. Expenditure Description and Itemization (column 3) must match the currently approved budget and must include specific information for each entry. Rationale for Requested Change (column 7) must provide sufficient information and detail for ISBE personnel to ascertain approval of each line item amendment request. Amendment requests that do not fulfill these requirements will be denied until sufficient information is provided to ISBE.

Attach new Budget Summary and Payment Schedule (Attachment 2) to reflect requested amendment amounts.

FUNCTION NUMBER (1)	OBJECT NUMBER (2)	ITEMIZATION (3)	CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
			NET CHANGE (+ or -)			