

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

**ILLINOIS STATE BOARD OF EDUCATION**

Innovation and Improvement Division  
 100 North First Street, N-242  
 Springfield, Illinois 62777-0001  
 217-524-4832

**FY 2010 Grantee Cohort  
 CONTINUATION**

FISCAL YEAR <b>12</b>	SOURCE OF FUNDS CODE <b>4421</b>	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE
GRANTEE NAME (Fiscal Agent)			
CONTACT PERSON		E-MAIL	
TELEPHONE (Include Area Code)			
SCHOOL YEAR	SUMMER	FAX	

**FY 2012  
 TITLE IV, PART B  
 21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM  
 BUDGET SUMMARY**

**Use whole dollars only. Omit decimal places, commas and dollar signs, 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 the Budget Summary 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 approved award. This award can be accessed at "General Grant Frequently Asked Question" at [http://www.isbe.net/funding/pdf/general\\_grantfaq.pdf](http://www.isbe.net/funding/pdf/general_grantfaq.pdf).

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	NON-CAPITALIZED EQUIPMENT** (8)	TOTAL (11)
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 700s)	
1	1000	Instruction							
2	2110	Attendance & Social Work Services							
3	2120	Guidance Services							
4	2130	Health Services							
5	2140	Psychological Services							
6	2150	Speech Pathology & Audiology Services							
7	2210	Improvement of Instruction Services							
8	2220	Educational Media Services							
9	2230	Assessment & Testing							
10	2300	General Administration							
13	2520	Fiscal Services*							
15	2540	Operation & Maintenance of Plant Services							
16	2550	Pupil Transportation Services							
17	2560	Food Services							
18	2570	Internal Services*							
20	2620	Planning, Research, Development & Evaluation Services							
21	2630	Information Services							
22	2640	Staff Services*							
23	2660	Data Processing Services*							
24	2900	Other Support Services							
25	3000	Community Services							
26	4000	Payments to Other Districts or Government Units							
28	Total Direct Costs								
29	Approved Indirect Costs x _____%								
30	TOTAL BUDGET								

<b>ISBE USE ONLY</b>	*If expenditures are shown, the indirect costs rate cannot be used. ** In no instances can Capital Outlay and Non-Capitalized Equipment be included in the indirect cost rate.		
	Date _____	Original Signature of Superintendent or Administrator _____	Date _____
			Original Signature of ISBE Division Administrator, Innovation and Improvement _____



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GRANTEE NAME
REGION, COUNTY, DISTRICT, TYPE CODE

**FY 2012 TITLE IV, PART B  
21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM  
AMENDMENT AND BUDGET SUMMARY BREAKDOWN**

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](http://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 thorough description of each line item to be amended. 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)	EXPENDITURE DESCRIPTION AND ITEMIZATION (3)	CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
NET CHANGE + OR -						

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**ILLINOIS STATE BOARD OF EDUCATION**  
 Innovation and Improvement Division  
 100 North First Street, E-240  
 Springfield, Illinois 62777-0001

**FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)**

APPLICANT NAME (Fiscal Agent) SCHOOL DISTRICT/COMMUNITY ORGANIZATION	REGION, COUNTY, DISTRICT, TYPE CODE	
FISCAL YEAR	SOURCE OF FUNDS CODE	PROGRAM NAME

The Federal Funding Accountability and Transparency Act (P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires a Prime Awardee, such as a State agency, to report an award of \$25,000 or more made to a subrecipient as of October 1, 2010.

To fulfill reporting requirements, provide a brief but succinct description of how the funding you receive will support your activities and actions to meet the purpose and goals of your Federal grant. If there are multiple funding actions, please provide a description for each funding action.

Example of project description: Funds will be used for professional development to train teachers in the use of technology to improve instruction and make Adequate Yearly Progress. In addition, funds will be used to recruit and retain highly-qualified teachers.

**Project Description\*:** (255 maximum characters used)

**Agency's Annual Gross Revenues\*:**

Yes     No    In the previous fiscal year, did your organization (including parent organizations, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; **AND** (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Please select the Yes check box only if both (1) and (2) are answered affirmatively.

Please provide the names and the total compensation package (using the preceding fiscal year's compensations of the top 5 highest paid individuals within your organization, regardless of the funding source\*). [\\_ftp://help.isbe.net/webapps/eGMS/2011/FFATA\\_Fed\\_Regis\\_7\\_8\\_2010.pdf](http://help.isbe.net/webapps/eGMS/2011/FFATA_Fed_Regis_7_8_2010.pdf)

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	
5.	

\* Required Field