

- Initial Budget       Multidistrict Application  
 Revised Budget     Amendment # \_\_\_\_\_

PROJECT NUMBER			SUBMISSION DATE
FISCAL YEAR <b>09</b>	SOURCE OF FUNDS CODE <b>3982</b>	REGION, COUNTY, DISTRICT, TYPE CODE	
FISCAL AGENT			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL		FAX NUMBER (Include Area Code)	

**ILLINOIS STATE BOARD OF EDUCATION**  
 Educator and School Development Division  
 100 North First Street, E-310  
 Springfield, Illinois 62777-0001

**FY 2009**  
**BEGINNING TEACHER INDUCTION**  
**PILOT PROGRAM**  
**Budget Summary/Breakdown**

**BUDGET SUMMARY - Use whole dollars only. OMIT DECIMAL PLACES, e.g., \$2536**

<b>ISBE USE ONLY</b>	ISBE PROGRAM APPROVAL DATE AND STAFF INITIALS	
	TOTAL FUNDS	
	CARRY OVER FUNDS	
	CURRENT FUNDS	
	BEGIN	END

LINE	Function Number 1	EXPENDITURE ACCOUNT 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES & MATERIALS 6	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)		
7	2210	Improvement of Instruction Services						July-August
20	2620	Planning, Research, Dev., Evaluation Services						September
26	4100	Payments to Other Governmental Units						October
28	<b>TOTAL DIRECT COSTS</b>							November
30	<b>TOTAL BUDGET</b>							December
LOCAL MATCH (Required: see "Fiscal Information " in the RFP.								January
								February
								March
								April
								May
								June
								July-August
								TOTAL

\_\_\_\_\_ Date

\_\_\_\_\_ **Original** Signature of Superintendent/Authorized Representative

\_\_\_\_\_ Date

\_\_\_\_\_ **Original** Signature of ISBE Division Administrator, Educator and School Development

