

Initial Budget Revised Initial Budget
 Amendment # _____ Upward Downward Level

FISCAL YEAR 08	SOURCE OF FUNDS CODE 4972	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE / /
DISTRICT NAME AND NUMBER			
SUPERINTENDENT		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	
EETT CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

ILLINOIS STATE BOARD OF EDUCATION
 Curriculum and Instruction
 100 North First Street, C-215
 Springfield, Illinois 62777-0001

FY 2008

**ENHANCING EDUCATION
 THROUGH TECHNOLOGY - COMPETITIVE**

Budget Summary and Payment Schedule

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

Use whole dollars only. OMIT DECIMAL PLACES, e.g., \$2536

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 the date of receipt at ISBE or July 1, whichever is later, of a substantially approvable budget request. Further information can be accessed at "General Grant Frequently Asked Questions" at http://www.isbe.net/funding/pdf/general_grant_faq.pdf.

Line	Function Number 1	Expenditure Account 2	Salaries 3	Employee Benefits 4	Purchased Services 5	Supplies and Materials 6	Capital Outlay ** 7	Transfers 9	Total 11	Payment Schedule 08	Payment Schedule 09
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)			
1	1000	Instruction								July-August	July-August
7	2210	Improvement of Instruction Services								September	September
15	2540	Operation & Maintenance of Plant Services								October	October
25	3000	Community Services								November	November
26	4100	Payments to Other Govt. Units								December	December
28	Total Direct Cost									January	January
30	Total Budget									February	February

** Not applicable to all grants, and in no instances can Capital Outlay or Facilities Acquisition & Construction Services be included in the indirect cost application.

ISBE USE ONLY	DATE RECEIVED

Date

Original Signature of LEA Superintendent/Administrative Agent

Date

Original Signature of ISBE Division Administrator for Curriculum and Instruction

TOTAL

March	March
April	April
May	May
June	June
July-August	July-August

**FY 2008
 ENHANCING EDUCATION THROUGH TECHNOLOGY—COMPETITIVE
 BUDGET NARRATIVE**

DISTRICT NAME AND NUMBER
REGION, COUNTY, DISTRICT, TYPE CODE
SCHOOL NAME

Directions: Prepare a separate Budget Narrative for each participating EETT school. Expenditure Description and Itemization (column 2) must include **specific** information for each entry including Salaries, Employee Benefits, Purchased Services, Supplies and Materials, and Capital Outlay.

FUNCTION NUMBER/ OBJECT NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	SALARIES (Obj. 100s)	EMPLOYEE BENEFITS (Obj. 200s)	PURCHASED SERVICES (Obj. 300s)	SUPPLIES AND MATERIALS (Obj. 400s)	CAPITAL OUTLAY (Obj. 500s)	TRANSFERS (Obj. 700s)	TOTAL
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(11)

FY 2008

**ENHANCING EDUCATION THROUGH TECHNOLOGY—COMPETITIVE
AMENDMENT BUDGET SUMMARY BREAKDOWN**

DISTRICT NAME AND NUMBER
REGION, COUNTY, DISTRICT, TYPE CODE
SCHOOL NAME
<input type="checkbox"/> Carryover Amendment <input type="checkbox"/> Upward Amendment <input type="checkbox"/> Downward Amendment <input type="checkbox"/> Level Amendment

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 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 +			