

Initial Budget Revised Initial Budget Multidistrict Application
 Amendment (No.) Level Amendment Upward Amendment Downward amendment

FISCAL YEAR 09	SOURCE OF FUNDS CODE 3894	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE / /
DISTRICT NAME AND NUMBER			
SUPERINTENDENT/AUTHORIZED OFFICIAL		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

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

**FY 2009
 EDUCATION OF HOMELESS CHILDREN
 AND YOUTH
 STATE GRANT PROGRAM**

Budget Summary and Payment Schedule
 Use whole dollars only. OMIT DECIMAL PLACES, e.g., \$2536

ISBE USE ONLY	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE 6/30/09

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	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)		
1	1000	Instruction						July-August
2	2110	Attendance & Social Work Services						September
3	2120	Guidance Services						October
4	2130	Health Services						November
7	2210	Improvement of Instruction Services						December
10	2300	General Administration						January
16	2550	Pupil Transportation Services						February
20	2620	Planning, Research, Dev. & Eval. Services						March
25	3000	Community Services						April
26	4100	Payments to Other Gov't. Units						May
28	Total Direct Costs							June
30	TOTAL BUDGET							July-August
								TOTAL
								\$ _____

ISBE USE ONLY

Date _____

Original Signature of Superintendent or Authorized Official _____

Date _____

Original Signature of ISBE Division Administrator, Grants and Programs _____

**FY 2009
EDUCATION OF HOMELESS CHILDREN AND YOUTH
STATE GRANT PROGRAM
Budget Amendment Narrative**

Directions: Itemize and explain each expenditure amount, including employee benefits. Use additional pages as needed.

DISTRICT NAME AND NUMBER	REGION, COUNTY, DISTRICT, TYPE CODE
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FUNCTION NUMBER	OBJECT NUMBER	AMOUNT	EXPLANATION OF EXPENDITURE
+ or -			

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EDUCATION OF HOMELESS CHILDREN AND YOUTH
STATE GRANT PROGRAM
Budget Amendment Narrative**

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