

INITIAL BUDGET       REVISED INITIAL BUDGET  
 AMENDMENT # \_\_\_\_\_       Upward       Downward       Level

**ILLINOIS STATE BOARD OF EDUCATION**

Curriculum and Instruction Division  
 100 North First Street, C-215  
 Springfield, Illinois 62777-0001

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

PROJECT NUMBER			LEA SUBMISSION DATE (mm/dd/yyyy)
FISCAL YEAR <b>10</b>	SOURCE OF FUNDS CODE <b>4972</b>	REGION, COUNTY, DISTRICT, TYPE CODE	
LEA NAME AND NUMBER			
PROGRAM CONTACT		TELEPHONE NUMBER (Include Area Code)	
CONTACT E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

**FY 2010 ENHANCING EDUCATION THROUGH TECHNOLOGY PROGRAM (COMPETITIVE)**

**Budget Summary and Payment Schedule**

*Use whole dollars only. Omit dollar signs, commas and decimals, 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](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](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	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
7	2210	Improvement of Instruction Services									September
8	2220	Education Media Services									October
9	2230	Assessment & Testing									November
10	2300	General Administration include 3% max cap									December
15	2540	Operation & Maintenance of Plant Services									January
20	2620	Planning, Research Dev. & Eval. Services									February
25	3000	Community Services									March
26	4000	Payments to Other Districts and Govt. Units									April
28	Total Direct Cost										May
30	Total Budget										June

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\_\_\_\_\_ **Date**

\_\_\_\_\_ **Original Signature of Superintendent or Authorized Official**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Original Signature of ISBE Division Administrator, Curriculum and Instruction**

July-August
<b>TOTAL</b> \$ _____



