

SCHOOL NAME
DISTRICT NAME AND NUMBER

**FY 2009
K-3 CLASS SIZE REDUCTION PILOT PROGRAM
CONTINUING APPLICATION
BUDGET SUMMARY BREAKDOWN**

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

FUNCTION NUMBER (1)	OBJECT NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	TOTAL (11)
TOTAL									