

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

PROJECT NUMBER			LEA SUBMISSION DATE (mm/dd/yyyy)
FISCAL YEAR <b>10</b>	SOURCE OF FUNDS CODE <b>4910</b>	REGION, COUNTY, DISTRICT, TYPE CODE	
DISTRICT NAME AND NUMBER			
PROGRAM CONTACT		TELEPHONE NUMBER (Include Area Code)	
CONTACT E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

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

**FY 2010**  
**K-12 SCHOOL-BASED**  
**LEARN AND SERVE GRANT**  
**Budget Summary and Payment Schedule**

*Use whole dollars only. Omit dollar signs, commas and decimals, e.g., 2536*

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

**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)>. Further information can be accessed at "General Grant Information 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	NON-CAPITALIZED EQUIPMENT** 9	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 700s)		
1	1000	Instruction								September
7	2210	Improvement of Instruction Services								October
16	2550	Pupil Transportation Services								November
24	2900	Other Support Services								December
25	3000	Community Services								January
26	4000	Payments to Districts and Other Governmental Units								February
28	Total Direct Cost									March
30	Total Budget									April
Local Match (required)										May

ISBE USE ONLY

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

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

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

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

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

SCHOOL NAME
DISTRICT NAME AND NUMBER

**FY 2010  
K-12 SCHOOL-BASED  
LEARN AND SERVE GRANT**

**Amendment Budget Narrative**

**Directions:** Prior to preparing this amendment 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). 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).

To complete the form below, provide a thorough description of each budget line item you are requesting to be amended. Expenditure Description and Itemization must match your currently approved budget and must include specific information for each entry. Rationale for Requested Change 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 to reflect requested amendment amounts.

FUNCTION NUMBER	OBJECT NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	CURRENTLY APPROVED AMOUNT	REQUESTED CHANGE (+ OR -)	REVISED AMOUNT	RATIONALE FOR REQUESTED CHANGE
NET CHANGE + OR -						



SCHOOL NAME
DISTRICT NAME AND NUMBER

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NET CHANGE + OR -						

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SCHOOL NAME
DISTRICT NAME AND NUMBER

**Local Match Amendment Budget Narrative**

Provide an itemized description of the expenditures that will make up the district's local match in the area below. Refer to pages 21-24 of the "State and Federal Grants Administration Policy and Fiscal Requirements and Procedures Handbook" found at [http://www.isbe.net/funding/pdf/fiscal\\_procedure\\_handbk.pdf](http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf) for function numbers (column 1) and object numbers (column 2).

The local match must equal \$1.20 for every \$1.00 requested.

The following information must be provided if Salaries (Function #/Object # 1000/100 or 2210/100) are used.

A. Name B. Position Title C. Percent of Time D. Salary Rate

FUNCTION NUMBER 1	OBJECT NUMBER 2	EXPENDITURE DESCRIPTION AND ITEMIZATION 3	LOCAL MATCH TOTAL 4
<b>TOTAL</b>			

