

**ILLINOIS STATE BOARD OF EDUCATION**

100 North First Street  
Springfield, Illinois 62777-0001

**FY 2017 BUDGET HEARING**

NAME	DATE
TITLE	ORGANIZATION
ADDRESS (Street, City, State, Zip Code)	TELEPHONE (Include Area Code)
	E-MAIL

Services currently provided and outcomes achieved:

Funding/Service Levels	Current	Additional Requested	Total
<b>Funding</b>			
Total (all sources)			
ISBE Funding			
ISBE % of total			
<b>Service Level</b>			
Districts			
Schools			
Students			
<b>Cost Per</b>			
District			
School			
Student			

Description of current unmet need and anticipated outcomes:

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**FY 2017 BUDGET HEARING**

**Budget Request Form Instructions**

- Date: Date of public hearing
- Name: Name of person providing testimony
- Title/Organization: Organization represented by person providing testimony
- Address: Address (Street, City, State, Zip Code)
- E-Mail: E-Mail address
- Telephone: Telephone number
- Services Provided: Description of the services currently provided by the program for which funding is being sought and the qualitative and quantitative outcomes achieved.
- Funding: Provide current, additional requested and total requested funding amounts for the services described. Also provide a breakdown of the amount of the total current, additional requested and total funding provided by ISBE and the ISBE percentage of the total.
- Service Level: Provide the number of districts, schools and students served with current funding, the amount to be served by additional requested funding and the total amount to be served with current and additional funding.
- Cost: Provide the costs per district, school and student currently served, the costs per district, school and student as a result of requested additional funding and the total costs per district, school and student with current and additional requested funds
- Description: Provide a narrative description of the unmet need for services and the anticipated qualitative and quantitative outcomes that will result from the funding requested.