

Initial Budget       Amendment No. \_\_\_\_\_  
 Revised Initial Budget       Upward     Downward     Level

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

**FY 2015  
 ILLINOIS MATHEMATICS AND SCIENCE PARTNERSHIPS (IMSP)  
 I-STEM NETWORK AREA PARTNERSHIP PROGRAM  
 GRANT APPLICATION  
 FEDERAL BUDGET SUMMARY**

*Use whole dollars only. Omit Dollar Signs, Commas, and Decimal Places, e.g., 2536*

FISCAL YEAR <b>15</b>	SOURCE OF FUNDS CODE <b>4936</b>	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
FISCAL/ADMINISTRATIVE AGENT (ROE/ISC)			
PROJECT CONTACT		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

<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 request, please refer to the "State and Federal Grant Administration Policy, 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 July 1, or receipt of a substantially approvable budget request, whichever is later.

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3) (Obj. 100s)	EMPLOYEE BENEFITS (4) (Obj. 200s)	PURCHASED SERVICES (5) (Obj. 300s)	SUPPLIES AND MATERIALS (6) (Obj. 400s)	CAPITAL OUTLAY** (7) (Obj. 500s)	NON-CAPITALIZED EQUIPMENT** (9) (Obj. 700s)	TOTAL (11)
7	2210	Improvement of Instruction Services							
10	2300	General Administration (Capped at 5%)							
20	2620	Planning, Research, Development and Evaluation Services							
26	3700	Nonpublic School Pupil Services							
27	4000	Payments to Other Districts and Governmental Units							
29	TOTAL DIRECT COSTS								
31	TOTAL BUDGET								

\*\* Not applicable to all grants, and in no instances can Capital Outlay and Non-Capitalized Equipment or Facilities Acquisition and Construction Services be included in the indirect costs application.

<b>ISBE USE ONLY</b>

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Original Signature of Authorized Fiscal/Administrative Agent (ROE/ISC)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Original Signature of ISBE Division Administrator  
College and Career Readiness*





**FY 2015 AMENDMENT BUDGET SUMMARY BREAKDOWN**

**Directions:** Prior to preparing this Budget Summary Breakdown Amendment request, please refer to the State and Federal Grant Administration Policy, Fiscal Requirements and Procedures Handbook that can be accessed at [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 amendment cannot begin prior to the date of receipt at ISBE of a substantially approvable amendment request.

To complete the form below, provide a thorough description of each line item to be amended. Expenditure Description and Itemization (column 3) must match the currently approved budget and must include specific information for each entry. Rationale for Requested Change (column 7) 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 to reflect requested amendment amounts.

FUNCTION NUMBER (1)	OBJECT NUMBER (2)	ITEMIZATION (3)	CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
			<b>NET CHANGE (+ or -)</b>			

**FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)**

FISCAL/ADMINISTRATIVE AGENT (ROE/ISC)			REGION, COUNTY, DISTRICT, TYPE CODE
FISCAL YEAR <b>15</b>	SOURCE OF FUNDS CODE <b>4936</b>	DUNS (9 digit number)**	PROGRAM NAME

The Federal Funding Accountability and Transparency Act (P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires a Prime Awardee, such as a State agency, to report an award of \$25,000 or more made to a subrecipient as of October 1, 2010.

To fulfill reporting requirements, provide a brief but succinct description of how the funding you receive will support your activities and actions to meet the purpose and goals of your Federal grant. If there are multiple funding actions, please provide a description for each funding action.

Example of project description: Funds will be used for professional development to train teachers in the use of technology to improve instruction and make Adequate Yearly Progress. In addition, funds will be used to recruit and retain highly-qualified teachers.

**Project Description\*:** (255 maximum characters used)

**Agency's Annual Gross Revenues\*:**

Yes  No In the previous fiscal year, did your organization (including parent organizations, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; **AND** (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Please select the Yes check box only if both (1) and (2) are answered affirmatively.

If yes, please provide the names and the total compensation package (using the preceding fiscal year's compensations of the top 5 highest paid individuals within your organization, regardless of the funding source\*).

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	
5.	

\* Required Field

\*\* If you do not have a DUNS number, please contact Dun & Bradstreet at [fedgov.dnb.com/webform](http://fedgov.dnb.com/webform)