

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

**ILLINOIS STATE BOARD OF EDUCATION**

College and Career Readiness Division  
 100 North First Street, E-240  
 Springfield, Illinois 62777-0001

PROJECT NUMBER			LEA SUBMISSION DATE (mm/dd/yyyy)
FISCAL YEAR <b>15</b>	SOURCE OF FUNDS CODE <b>3961</b>	REGION, COUNTY, DISTRICT, TYPE CODE	
LEA NAME (for joint proposal)			
DISTRICT NAME AND NUMBER			
PROGRAM CONTACT		TELEPHONE NUMBER (Include Area Code)	
CONTACT E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

**FY 2015**  
**ADVANCED PLACEMENT CLASSES –**  
**COLLEGE AND CAREER SUCCESS FOR ALL STUDENTS**  
**CONTINUATION APPLICATION BUDGET AMENDMENT**  
**STATE 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 Breakdown 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	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES AND MATERIALS 6	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)		
1	1000	Instruction						July-August
7	2210	Improvement of Instruction Services						September
9	2220	Educational Media Services						October
10	2230	Assessment and Testing						November
16	2550	Pupil Transportation Services						December
26	4000	Payments to Other LEAs and other Governmental Units						January
28	Total Direct Cost							February
30	Total Budget							March
<b>ISBE USE ONLY</b>								
Date Received								
			_____					
			Date	_____				
			Date	Original Signature of Superintendent or Authorized Official				
			Date	_____				
			Date	Original Signature of ISBE Division Administrator, College and Career Readiness Division				
TOTAL								



