

Initial Budget       Revised Initial Budget  
 Amendment # \_\_\_\_\_

**ILLINOIS STATE BOARD OF EDUCATION**

Special Education Services Division  
 100 North First Street, N-253  
 Springfield, IL 62777-0001

**FY 2009  
 AREA V – SOCIAL AND EMOTIONAL LEARNING  
 STANDARDS IMPLEMENTATION GRANT**

Budget Summary and Payment Schedule  
 Use whole dollars only. Omit Decimal Places, e.g., \$2536

ISBE USE ONLY	ISBE PROGRAM APPROVAL DATE	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE
TOTAL		
\$ _____		

PROJECT NUMBER			
FISCAL YEAR <b>09</b>	SOURCE OF FUNDS CODE <b>3990-IO</b>	REGION, COUNTY, DISTRICT, TYPE CODE	LEA SUBMISSION DATE
JOINT AGREEMENT/DISTRICT/AGENCY NAME			
CONTACT NAME		TELEPHONE (Include Area Code)	
E-MAIL		FAX (Include Area Code)	

LINE	FUNCTION NUMBER D1	EXPENDITURE ACCOUNT 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES & MATERIALS 6	CAPITAL OUTLAY** 7	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)		
1	1000	Instruction							January
7	2210	Improvement of Instructional Services							February
10	2300	General Administration							March
17	2560	Food Services							April
20	2620	Planning, Research, Dev. & Eval Servs.							May
22	2640	Staff Services*							June
24	2900	Other Support Services							July
25	3000	Community Services							August
26	4100	Payment to Other and Govt. Units							September
28	Total Direct Costs								October
30	TOTAL BUDGET								November
									December

\*Must not exceed 5% of total budget requested.

\*\*Not applicable to all grants, and in no instances can Capital outlay or Facilities Acquisition & Construction Services be included in the indirect costs application.

Date

Signature of Superintendent or Administrator

Date

Original Signature of Division Administrator  
 Special Education Services Division

