

Initial Budget
 Revised Initial Budget
 Amendment (No. _____)
 Multi-district Application

ILLINOIS STATE BOARD OF EDUCATION
 Special Education and Support Services Division
 100 North First Street, N-253
 Springfield, Illinois 62777-0001

**FY 2012
 CONTINUATION APPLICATION
 SCHOOL MENTAL HEALTH SUPPORT GRANTS**

Budget Summary and Payment Schedule
*Use whole dollars only. OMIT DOLLAR SIGNS, COMMAS, AND
 DECIMAL PLACES, e.g., 2536*

ISBE USE ONLY	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE

FISCAL YEAR 12	SOURCE OF FUNDS CODE 3990-SO	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE {{ BâD***Á
APPLICANT NAME/FISCAL AGENT			
PROJECT CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTHER OBJECTS (8)	NON-CAPITALIZED EQUIPMENT** (9)	TOTAL (11)	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)		
1	1000	Instruction									July-August
2	2110	Attendance & Social Work Services									September
3	2120	Guidance Services									October
7	2210	Improvement of Instruction Services									November
10	2300	General Administration									December
13	2520	Fiscal Services*									January
16	2550	Pupil Transportation Services									February
17	2560	Food Services									March
20	2620	Planning, Research, Dev. & Eval. Services									April
24	2900	Other Support Services									May
25	3000	Community Services									June
26	4000	Payments to Other Districts or Gov't. Units									July-August
28	Total Direct Costs										TOTAL \$ _____
29	Approved Indirect Costs x _____%										
30	TOTAL BUDGET										

* If expenditures are shown, the indirect costs rate cannot be used.

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

_____ Date

_____ *Original* Signature of Superintendent or Administrator

_____ Date

_____ *Original* Signature of ISBE Division Administrator

**FY 2012 CONTINUATION APPLICATION SCHOOL MENTAL HEALTH SUPPORT GRANTS
AMENDMENT BUDGET SUMMARY BREAKDOWN**

Directions: Prior to preparing this amendment request, please refer to the State and Federal Grant Administration Policy and Fiscal Requirements Procedures Handbook that can be accessed at 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 and Payment Schedule (Attachment ?) 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)
			NET CHANGE (+ or -)			

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