

Initial Budget Amendment # _____

ILLINOIS STATE BOARD OF EDUCATION
 Federal Grants and Programs
 100 North First Street, N-242
 Springfield, Illinois 62777-0001
 217/524-4832

**FY 2008
 Title Iv, Part B
 21st Century Community Learning
 Centers Program
 Budget Summary and Payment Schedule**

PROJECT NUMBER			SUBMISSION DATE
FISCAL YEAR	SOURCE OF FUNDS CODE	REGION, COUNTY, DISTRICT-TYPE CODE OF FISCAL AGENT	
08	4421-08		/ /
APPLICANT NAME (Fiscal Agent)			TELEPHONE
			School Year:
CONTACT PERSON			Summer:
			Fax:

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

BUDGET SUMMARY (Use whole dollars only. OMIT DECIMAL PLACES, e.g., \$2536.)

LINE NO	Function Number 1	EXPENDITURE ACCOUNT 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES & MATERIALS 6	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)		
1	1000	Instruction						July-August
2	2110	Attendance & Social Work Services						
3	2120	Guidance Services						September
4	2130	Health Services						
5	2140	Psychological Services						October
6	2150	Speech Pathology & Audiology Services						
7	2210	Improvement of Instruction Services						November
8	2220	Educational Media Services						
9	2230	Assessment & Testing						December
10	2300	General Administration						
13	2520	Fiscal Services*						January
15	2540	Operation & Maintenance of Plant Servs.						
16	2550	Pupil Transportation Services						February
17	2560	Food Services						
18	2570	Internal Services*						March
20	2620	Planning, Research, Dev. & Eval. Services						
21	2630	Information Services						April
22	2640	Staff Services*						
23	2660	Data Processing Services*						May
24	2900	Other Support Services						
25	3000	Community Services						June
26	4100	Payments to Other Govt. Units						
28	Total Direct Costs							July-August
29	Approved Indirect Costs _____ X %							
30	TOTAL BUDGET							TOTAL
								\$

* If expenditures are shown, the indirect cost rate cannot be used.
 ** In no instances can Capital Outlay or Facilities Acquisition and Construction Services be included in the indirect cost calculation.

_____ Date _____ Signature of LEA Superintendent/Agency Official (Fiscal Agent)

**TITLE IV, PART B, 21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM
BUDGET BREAKDOWN**

**FY 2008 Grantee Cohort
CONTINUATION**

Itemize and explain each expenditure amount, including employee benefits. Include descriptions of the anticipated expenditures, correlated to the line items set forth on the Budget Summary. Use additional pages as needed.

Note - The following costs are not approvable and may not be charged to this grant:

- 1. Equipment such as computers, lap top computers, printers, scanners, Fax machines, telephones or similar items;
- 2. Furniture;
- 3. Snacks, or other food costs;
- 4. Clothing
- 5. Facility remodeling or renovation costs; and
- 6. Proposal preparation costs.

FUNCTION NUMBER (1)	EXPLANATION (Not Expenditure Account Name) (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	TOTAL (11)