	nitial Budget Revised Initia		No) X LEA Comprehensive Regular Budget		Innovat	ion and Impro	D OF EDUCAT			PROGR	RAM APPROVAL D	ATE AND INITIALS
FIS YEA	CAL S	SOURCE OF FUNDS REGION, C	OUNTY, DISTRICT, TYPE CODE SUBMISSION DATE	I	100 Sprii) North First St ngfield, Illinois	ONLY	TOTAL	FUNDS			
		4855 - 12 AND NUMBER	USE	CARRY	OVER FUNDS							
CO	NTACT PERSO	DN	TELEPHONE NUMBER (Include Area Code)		Use whole dollars only. Omit Commas and Decimal							
E-M	IAIL ADDRESS	3	FAX NUMBER (Include Area Code)	LE	PLACES, e.g., 2536 LEA Comprehensive Budget – Year 1 Implementation Description: BEGIN DATE END DATE 08/31/2012							
Directisbe.	ctions: Prior net/funding/p	to preparing this Budget Summand/fiscal_procedure_handbk.pdf	ary and Payment Schedule request, please refer >. Obligations of funds based on this budget re	er to the "State and equest cannot begi	I Federal Grant Adr	ninistration Policy a	and Fiscal Requirer	ments and Procedu	ures" hand nichever is	dbook that s later.	at can be acces	sed at <http: td="" www.<=""></http:>
LINE	FUNCTION NUMBER (1)		EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OBJI	HER CAPITALIZED ECTS EQUIPMENT** 8) (9)		
				(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj.	600s)	(Obj. 700s)	
2	1000	Instruction										
3	2110	Attendance & Social Work Service Guidance Services	:5									
7	2210	Improvement of Instruction Service	25									
8	2220	Educational Media Services										
9	2230	Assessment & Testing										
10	2300	General Administration										
11	2400	School Administration										
13	2520	Fiscal Services*										
15	2540	Operation & Maintenance of Plant	Services									
16	2550	Pupil Transportation Services										
18	2570	Internal Services*										
19	2610	Direcction of Central Support Servi	ices									
20	2620	Planning, Research, Development	& Evaluation Services									
21	2630	Information Services										
22	2640	Staff Services*										
23	2660	Data Processing Services*										
24	2900	Other Support Services										
25	3000	Community Services										
26	4000	Payments to Other Districts or Gov	vernment Units									
28	Total Direct (
	expenditures a	re shown, the indirect costs rate cann										
** 1	Not applicable t	o all grants, and in no instances can C	Capital Outlay and Non-Capitalized Equipment or Facili	ties Acquisition & Cor	nstruction Services be	included in the indired	ct costs application.					
	Da	ate Ori	ginal Signature of Superintendent or Administra	itor	-	Date	· C	Original Signature of	ISBE Div	ision Adm	ninistrator, Innov	ation & Improvemen

	nitial Budget Revised Initia		No) X LEA Bud	get		Innovat	STATE BOAR			PROGRAM APPROVAL DATE AND INITIALS			
FISO YEA	CAL S	SOURCE OF FUNDS REGION, C	COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE		100	North First St ngfield, Illinois	reet, N-242		ONLY	TOTAL	FUNDS	
		4855 - 12 AND NUMBER				School Improvement Grant - Section 1003(g)							
COI	NTACT PERSO	ON	TELEPHONE NUMBER (Include A	rea Code)		Use whole dollars only. Omit Commas and Decimal Current funds							
E-M	IAIL ADDRESS	;	FAX NUMBER (Include Area Code)		P _{LACES} , e.g., 2536 LEA Budget – Year 1 Implementation						DATE	END DATE 08/31/2012
Direc	ctions: Prior	to preparing this Budget Summa	ary and Payment Schedule reque	est, please refer	 to the "State and		_	-		ıres" hand	 book the	at can be acces	
isbe.	net/funding/p	odf/fiscal_procedure_handbk.pdf	>. Obligations of funds based or	this budget req	uest cannot begi	n prior to July 1, or	receipt of a substa	antially approvable	oudget request, wh	ichever is	later.		· ·
LINE	FUNCTION NUMBER (1)		EXPENDITURE ACCOUNT (2)		SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OTI OBJE (8	CTS	NON- CAPITALIZE EQUIPMENT (9)	
					(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj.	600s)	(Obj. 700s)	
1	1000	Instruction											
2	2110	Attendance & Social Work Service	es										
3	2120	Guidance Services											
7	2210	Improvement of Instruction Service	es										
8	2220	Educational Media Services											
9	2230	Assessment & Testing											
10	2300	General Administration											
11	2400	School Administration											
13	2520	Fiscal Services*											
15	2540	Operation & Maintenance of Plant	Services										
16	2550	Pupil Transportation Services											
18	2570	Internal Services*											
19	2610	Direcction of Central Support Servi	ices										
20	2620	Planning, Research, Development	& Evaluation Services										
21	2630	Information Services											
22	2640	Staff Services*											
23	2660	Data Processing Services*											
24	2900	Other Support Services											
25	3000	Community Services											
26	4000	Payments to Other Districts or Gov	vernment Units										
28	Total Direct (Costs											
30	TOTAL BUD	GET											
		re shown, the indirect costs rate canno all grants, and in no instances can 0	not be used. Capital Outlay and Non-Capitalized Eq	uipment or Facilitie	es Acquisition & Con	struction Services be	included in the indired	ct costs application.					
	Da	ate Ori	iginal Signature of Superintender	nt or Administrate	or	-	Date	- C	riginal Signature of	ISBE Divi	sion Adn	ninistrator, Inno	vation & Improvement

Initial Bu	dget Initial Budget	X Amendmen	nt (No) Regular		LEA Budget				BUDGET – YEAR 1 IMPLEMENTATION ET SUMMARY BREAKDOWN
SCHOOL NA	ME				DISTRICT	NAME AND NUMBER		REGION, COUNTY, DIS	TRICT, TYPE CODE
									dures Handbook that can be accessed at <www.isbe.net intially approvable amendment request.</www.isbe.net
								nization (column 3) must i for ISBE personnel to asc	match the currently approved budget and must include ertain approval of each line item amendment request.
Attach new	Budget Sum	mary and Paym	ent Schedule (Attachme	ent 2) to refl	ect requested amendmen	t amounts.		
FUNCTION NUMBER (1)	OBJECT NUMBER (2)		ITEMIZATIO (3)	N		CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
						NET CHANGE (+ or -)			

Initial Bu	dget Initial Budget	X Amendme	nt (No) Regular	X LEA Budget		FY 2012 II	NDIVIDUAL SCHOOL AMENDMENT BUDGE	BUDGET – YEAR 1 IMPLEMENTATION ET SUMMARY BREAKDOWN	
SCHOOL NA	ME			DISTRI	CT NAME AND NUMBER		REGION, COUNTY, DIST	TRICT, TYPE CODE	
								dures Handbook that can be accessed at <www.isbe.net amendment="" antially="" approvable="" request.<="" td=""><td>-</td></www.isbe.net>	-
							nization (column 3) must r for ISBE personnel to asce	match the currently approved budget and must include ertain approval of each line item amendment request.	
FUNCTION NUMBER	OBJECT NUMBER	mary and Paym	ITEMIZATION	ttachment 2) to	reflect requested amendmer CURRENTLY APPROVED AMOUNT	REQUESTED CHANGE (+ OR -)	REVISED AMOUNT	RATIONALE FOR REQUESTED CHANGE	
(1)	(2)		(3)		(4)	(5)	(6)	(7)	-
					NET CHANGE (+ or -)				

Initial Bu	dget Initial Budget	X Amendmen	nt (No) Regular	X LI	EA udget				BUDGET – YEAR 1 IMPLEMENTATION ET SUMMARY BREAKDOWN
SCHOOL NA	ME				DISTRICT	NAME AND NUMBER		REGION, COUNTY, DIST	RICT, TYPE CODE
									dures Handbook that can be accessed at <www.isbe.net <br="">ntially approvable amendment request.</www.isbe.net>
								nization (column 3) must r or ISBE personnel to asce	natch the currently approved budget and must include ertain approval of each line item amendment request.
Attach new	Budget Sum	mary and Payme	ent Schedule (A	Attachmer	nt 2) to refle	ect requested amendment	amounts.		
FUNCTION NUMBER (1)	OBJECT NUMBER (2)		ITEMIZATION (3)	N		CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
						NET CHANGE (+ or -)			

Initial Bud	dget Initial Budget	X Amendme X ARRA	nt (No)	X LE Bu	EA udget				BUDGET – YEAR 1 IMPLEMENTATION ET SUMMARY BREAKDOWN
SCHOOL NAI	ME			1	DISTRICT N	AME AND NUMBER		REGION, COUNTY, DIST	TRICT, TYPE CODE
									dures Handbook that can be accessed at <www.isbe.net <br="">ntially approvable amendment request.</www.isbe.net>
To complete specific info Amendment	the form bel rmation for e t requests that	low, provide a that ach entry. Ration at do not fulfill th	norough descript onale for Reque nese requiremen	tion of eac sted Char nts will be	ch line item nge (colum denied unt	n to be amended. Expend n 7) must provide sufficie til sufficient information is	liture Description and Iten nt information and detail f provided to ISBE.	nization (column 3) must r or ISBE personnel to asce	match the currently approved budget and must include ertain approval of each line item amendment request.
Attach new	Budget Sumi	mary and Paym	ent Schedule (A	Attachmen	t 2) to refle	ect requested amendment	amounts.		
FUNCTION NUMBER (1)	OBJECT NUMBER (2)		ITEMIZATION (3)	I		CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
						NET CHANGE			
						(+ or -)			

Initial Bu	dget Initial Budget	X Amendmen	nt (No) Regular	X LEA Budget				BUDGET – YEAR 1 IMPLEMENTATION ET SUMMARY BREAKDOWN
SCHOOL NA	ME			DISTRIC	CT NAME AND NUMBER		REGION, COUNTY, DIST	TRICT, TYPE CODE
								dures Handbook that can be accessed at <www.isbe.net amendment="" approvable="" intially="" request.<="" td=""></www.isbe.net>
							nization (column 3) must r or ISBE personnel to asce	match the currently approved budget and must include ertain approval of each line item amendment request.
Attach new FUNCTION	OBJECT	mary and Paym	ent Schedule (At	ttachment 2) to	reflect requested amendmen	REQUESTED CHANGE		
NUMBER (1)	NUMBER (2)		ITEMIZATION (3)		APPROVED AMOUNT (4)	(+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
					NET CHANGE			
					(+ or -)			

Initial Bud	dget Initial Budget	X Amendme X ARRA	nt (No)	X LEA Bud	A dget				BUDGET – YEAR 1 IMPLEMENTATION ET SUMMARY BREAKDOWN
SCHOOL NA	ME			DI	STRICT N	AME AND NUMBER		REGION, COUNTY, DIST	TRICT, TYPE CODE
									dures Handbook that can be accessed at <www.isbe.net <br="">intially approvable amendment request.</www.isbe.net>
								nization (column 3) must r for ISBE personnel to asce	match the currently approved budget and must include ertain approval of each line item amendment request.
		mary and Paym	ent Schedule (A	ttachment	2) to refle	ect requested amendment		I	I
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 -)			