

☒ Initial Budget ☐ Revised Initial Budget ☐ Amendment # _____

PROJECT NUMBER		LEA SUBMISSION DATE
FISCAL YEAR 16	SOURCE OF FUNDS CODE 3999-RS	REGION, COUNTY, DISTRICT, TYPE CODE
AGENCY/INSTITUTION NAME		
BUDGET CONTACT PERSON		TELEPHONE (Include Area Code)
E-MAIL		FAX (Include Area Code)
PROGRAM CONTACT PERSON		TELEPHONE (Include Area Code)
E-MAIL		FAX (Include Area Code)

ILLINOIS STATE BOARD OF EDUCATION

College and Career Readiness Division
100 North First Street, C-215
Springfield, IL 62777-0001

ATTACHMENT 3

**FY 2016
PILOT REGIONAL SAFE SCHOOLS COOPERATIVE
EDUCATION**

STATE BUDGET SUMMARY AND PAYMENT SCHEDULE

SOURCE OF FUNDS: _____

Use whole dollars only. Omit Dollar Signs, Commas, and Decimal Places, e.g., 2536.

Payment Schedule must be completed based on monthly need.

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

Directions: Prior to preparing this Budget Summary and Payment Schedule 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. Obligations of funds based on this budget request cannot begin prior to the execution of a grant agreement, or receipt of a substantially approvable budget request, whichever is later.

LINE	FUNCTION NUMBER	EXPENDITURE ACCOUNT	SALARIES	EMPLOYEE BENEFITS	PURCHASED SERVICES	SUPPLIES AND MATERIALS	TOTAL	PAYMENT SCHEDULE
			3	4	5	6		
	1	2	(Obj. 100s)	(Obj. 200s)	(Obj.300s)	(Obj. 400s)	11	
1	1000	Instruction						July-August
7	2210	Improvement of Instruction Services						September
								October
16	2550	Pupil Transportation Services						November
								December
24	2900	Other Support Services						January
27	4000	Payments to Other Districts or Governmental units						February
29	Total Direct Costs							March
31	TOTAL BUDGET							April
								May
								June
								July-August
								Total
								\$ _____

Date

Original Signature of
Authorized Representative

Date

Original Signature of ISBE Division Administrator,
College and Career Readiness

**ISBE USE ONLY
DATE RECEIVED**

FY 2016
PILOT REGIONAL SAFE SCHOOLS COOPERATIVE EDUCATION
BUDGET SUMMARY BREAKDOWN

LEA NAME (for joint proposal)
AGENCY/INSTITUTION NAME
SCHOOL NAME

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FUNCTION NUMBER (1)	EXPLANATION NOT EXPENDITURE ACCOUNT NAME (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	TOTAL (11)
TOTAL						

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