

Initial Budget Revised Initial Budget
 Amendment # _____ Upward Downward Level

PROJECT NUMBER			LEA SUBMISSION DATE (mm/dd/yyyy)
FISCAL YEAR 12	SOURCE OF FUNDS CODE 4920	REGION, COUNTY, DISTRICT, TYPE CODE	
LEA NAME AND NUMBER			
PROGRAM CONTACT		TELEPHONE NUMBER (Include Area Code)	
CONTACT E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

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

FY 2012 MCKINNEY-VENTO HOMELESS CHILDREN AND YOUTH PROGRAM CONTINUATION APPLICATION

BUDGET SUMMARY

Use whole dollars only. Omit dollar signs, commas and decimals, e.g., 2536

ISBE USE ONLY	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER 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 and 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 date of receipt at ISBE or July 1, whichever is later, of a substantially approvable budget request. Further information can be accessed at "General Grant Frequently Asked Questions" at <http://www.isbe.net/funding/pdf/general_grant_faq.pdf>.

LINE	FUNCTION NUMBER (1)	EXPENDITURE ACCOUNT (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (7)	NON-CAPITALIZED EQUIPMENT (9)	TOTAL (11)
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 700s)	
1	1000	Instruction							
2	2110	Attendance & Social Work Services							
3	2120	Guidance Services							
4	2130	Health Services							
7	2210	Improvement of Instruction Services							
8	2220	Educational Media Services							
9	2230	Assessment and Testing							
10	2300	General Administration							
16	2550	Pupil Transportation Services							
20	2620	Planning, Research, Development & Evaluation Services							
21	2630	Information Services							
24	2900	Other Support Services							
25	3000	Community Services							
26	4000	Payments to Other Districts and Gov't. Units							
28	Total Direct Costs								
30	TOTAL BUDGET								

ISBE USE ONLY

_____ **Date**

_____ **Original** Signature of Superintendent or Authorized Official

_____ **Date**

_____ **Original** Signature of ISBE Division Administrator, Special Education and Support Services Division

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HOMELESS CHILDREN AND YOUTH PROGRAM
CONTINUATION APPLICATION**

Amendment Budget Narrative

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To complete the form below, provide a thorough description of each budget line item you are requesting to be amended. Expenditure Description and Itemization must match your currently approved budget and must include specific information for each entry. Rationale for Requested Change 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 to reflect requested amendment amounts.

FUNCTION NUMBER	OBJECT NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	CURRENTLY APPROVED AMOUNT	REQUESTED CHANGE (+ OR -)	REVISED AMOUNT	RATIONALE FOR REQUESTED CHANGE
NET CHANGE + OR -						

LEA NAME AND NUMBER

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