

Initial Budget Revised Initial Budget
 Amendment # _____ Upward Downward Level

ILLINOIS STATE BOARD OF EDUCATION

General Counsel/Legal Division
 100 North First Street, S-493
 Springfield, Illinois 62777-0001

ATTACHMENT 1

FY 2015 MCKINNEY-VENTO HOMELESS CHILDREN AND YOUTH PROGRAM CONTINUATION APPLICATION

FEDERAL BUDGET SUMMARY

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

PROJECT NUMBER			LEA SUBMISSION DATE (mm/dd/yyyy)
FISCAL YEAR 15	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)	

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 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 date of receipt at ISBE or July 1, whichever is later, of a substantially approvable budget request.

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 & 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 & Governmental Units							
28	Total Direct Costs								
30	TOTAL BUDGET								

ISBE USE ONLY

_____ **Date**

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

_____ **Date**

_____ **Original** Signature of McKinney-Vento State Coordinator or Authorized Official

LEA NAME AND NUMBER

FY 2015 MCKINNEY-VENTO
HOMELESS CHILDREN AND YOUTH PROGRAM
CONTINUATION APPLICATION

AMENDMENT BUDGET NARRATIVE

Directions: Prior to preparing this Budget Summary Breakdown Amendment 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 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 request (Attachment 1) 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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FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)

DISTRICT NAME AND NUMBER/AGENCY/INSTITUTION NAME			REGION, COUNTY, DISTRICT, TYPE CODE
FISCAL YEAR 15	SOURCE OF FUNDS CODE 4920	DUNS (9 digit number)**	PROGRAM NAME

The Federal Funding Accountability and Transparency Act (P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires a Prime Awardee, such as a State agency, to report an award of \$25,000 or more made to a subrecipient as of October 1, 2010.

To fulfill reporting requirements, provide a brief but succinct description of how the funding you receive will support your activities and actions to meet the purpose and goals of your Federal grant. If there are multiple funding actions, please provide a description for each funding action.

Example of project description: Funds will be used for professional development to train teachers in the use of technology to improve instruction and make Adequate Yearly Progress. In addition, funds will be used to recruit and retain highly-qualified teachers.

Project Description*: (255 maximum characters used)

Agency's Annual Gross Revenues*:

Yes No In the previous fiscal year, did your organization (including parent organizations, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; **AND** (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Please select the Yes check box only if both (1) and (2) are answered affirmatively.

If yes, please provide the names and the total compensation package (using the preceding fiscal year's compensations of the top 5 highest paid individuals within your organization, regardless of the funding source*).

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	
5.	

* Required Field

** If you do not have a DUNS number, please contact Dun & Bradstreet at fedgov.dnb.com/webform