

ILLINOIS STATE BOARD OF EDUCATION

Program Support, N-253
100 North First Street
Springfield, Illinois 62777-0001
217/782-3810

**FY2003 APPLICATION FOR THE RURAL
AND LOW-INCOME SCHOOL PROGRAM**

DISTRICT CODE AND NAME	CONTACT PERSON
	PHONE (School Year) (Include extension)
	PHONE (Summer) (Include extension)
COUNTY	FAX

Submit original and one copy.

SECTION I - RURAL AND LOW-INCOME SCHOOL PLAN**A. Use of Funds**

Funds may be used for any of the following activities. Complete the requested information to indicate the activities to be funded. Total must equal the allocation.

ACTIVITY	ANTICIPATED EXPENDITURE	ACTIVITY	ANTICIPATED EXPENDITURE
1. Teacher recruitment and retention, including the use of signing bonuses and other financial incentives	\$	5. Activities authorized under Title IV, Part A (Safe and Drug Free Schools and Communities)	\$
2. Teacher professional development, including programs that train teachers to utilize technology to improve teaching and to train special needs teachers	\$	6. Activities authorized under Title I, Part A	\$
3. Educational technology, including software and hardware, as described in Title II, Part D (Enhancing Education Through Technology)	\$	7. Activities authorized under Title III (Language Instruction for Limited English Proficient and Immigrant Students)	\$
4. Parental involvement activities	\$	8. Total Allocation	\$

B. Needs, Activities, and Evaluation

Identify the need to be addressed. Describe the activities to be conducted. Indicate how the success of the program will be determined.

IDENTIFIED NEEDS	ACTIVITIES	EVALUATION
<h1>DRAFT COPY</h1>		

SECTION II - RURAL AND LOW-INCOME SCHOOL BUDGET BREAKDOWN

FUNCTION No. (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY (Equipment) (7)	OTHER OBJECTS (8)	TOTAL (11)

B**RURAL AND LOW-INCOME SCHOOL PROGRAM**

FISCAL YEAR 03	SOURCE OF FUNDS CODE 4107-00	REGION, COUNTY, DISTRICT, TYPE CODE	LEA SUBMISSION DATE / /	ISBE USE	ISBE APPROVAL DATE	READER INITIALS
DISTRICT NAME AND NUMBER			GRANT COORDINATOR		CURRENT YEAR FUNDS \$	CARRYOVER FUNDS \$
			PHONE		TOTAL FUNDS AVAILABLE \$	
COUNTY			School Year:		BEGIN:	END:
			Fax:			
			Summer:			

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

Function Number	EXPENDITURE ACCOUNT	SALARIES 3 (Obj. 100's)	EMPLOYEE BENEFITS 4 (Obj. 200's)	PURCHASED SERVICES 5 (Obj. 300's)	SUPPLIES & MATERIALS 6 (Obj. 400's)	CAPITAL OUTLAY** 7 (Obj. 500's)	OTHER OBJECTS 8 (Obj. 600's)	TOTAL 11	PAYMENT SCHEDULE
1 1000	Instruction								1 July-August (81)
2 2110	Attendance & Social Work Services								
3 2120	Guidance Services								2 September (82)
4 2130	Health Services								
5 2140	Psychological Services								3 October (83)
6 2150	Speech Pathology & Audiology Services								
7 2210	Improvement of Instruction Services								4 November (84)
8 2220	Educational Media Services								
9 2230	Assessment & Testing								5 December (85)
10 2300	General Administration								
11 2400	School Administration								6 January (86)
12 2510	Direction of Business Support Services*								
13 2520	Fiscal Services*								7 February (87)
14 2530	Facilities Acquisition & Construction								
15 2540	Operation & Maintenance of Plant Servs.								8 March (88)
16 2550	Pupil Transportation Services								
17 2560	Food Services								9 April (89)
18 2570	Internal Services*								
19 2610	Direction of Central Support Services								10 May (90)
20 2620	Planning, Research, Dev. & Eval. Servs.								
21 2630	Information Services								11 June (91)
22 2640	Staff Services*								
23 2660	Data Processing Services*								12 July-August (92)
24 2900	Other Support Services								
25 3000	Community Services								
26 4100	Payments to Other Govt. Units								TOTAL
27 5000	Debt Services								
28	Total Direct Costs								\$
29	Approved Indirect Costs X _____ %								
30	TOTAL BUDGET								

* If expenditures are shown, the indirect cost rate cannot be used.

** Capital Outlay cannot be included in the indirect cost calculation.

Date

Signature of LEA Superintendent