

INITIAL BUDGET       REVISED INITIAL BUDGET  
 AMENDMENT # \_\_\_\_\_       Upward       Downward       Level

**ILLINOIS STATE BOARD OF EDUCATION**

Curriculum and Instruction Division  
 100 North First Street, C-215  
 Springfield, Illinois 62777-0001

**FY 2010 MCKINNEY-VENTO  
 HOMELESS CHILDREN AND YOUTH  
 AMERICAN RECOVERY AND  
 REINVESTMENT ACT (ARRA)**

**Budget Summary and Payment Schedule**  
*Use whole dollars only. Omit dollar signs, commas  
 and decimals, e.g., 2536*

<b>ISBE USE ONLY</b>	PROGRAM APPROVAL DATE AND INITIALS	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE

PROJECT NUMBER			LEA SUBMISSION DATE (mm/dd/yyyy)
FISCAL YEAR <b>10</b>	SOURCE OF FUNDS CODE <b>4862</b>	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)	

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](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](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)	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj.700s)		
1	1000	Instruction								July-August
2	2110	Attendance & Social Work Services								September
3	2120	Guidance Services								October
4	2130	Health Services								November
7	2210	Improvement of Instruction Services								December
8	2220	Educational Media Services								January
9	2230	Assessment and Testing								February
10	2300	General Administration								March
16	2550	Pupil Transportation Services								April
20	2620	Planning, Research, Development & Eval. Serv.								May
21	2630	Information Services								June
24	2900	Other Support Services								July-August
25	3000	Community Services								TOTAL
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, Curriculum and Instruction



LEA NAME AND NUMBER

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**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 -			

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