

Initial Budget Revised Initial Budget
 Amendment # _____

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

FY 2009
SOCIAL AND EMOTIONAL LEARNING
STANDARDS IMPLEMENTATION GRANT

Budget Summary and Payment Schedule
 Use whole dollars only. Omit Decimal Places, e.g., \$2536

ISBE USE ONLY	ISBE PROGRAM APPROVAL DATE	
	TOTAL FUNDS	
	CARRYOVER FUNDS	
	CURRENT FUNDS	
	BEGIN DATE	END DATE

PROJECT NUMBER			
FISCAL YEAR 09	SOURCE OF FUNDS CODE 3990-10	REGION, COUNTY, DISTRICT, TYPE CODE	LEA SUBMISSION DATE
JOINT AGREEMENT/DISTRICT/AGENCY NAME			
CONTACT NAME		TELEPHONE (Include Area Code)	
E-MAIL		FAX (Include Area Code)	

LINE	FUNCTION NUMBER D1	EXPENDITURE ACCOUNT 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES & MATERIALS 6	CAPITAL OUTLAY** 7	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)		
1	1000	Instruction							May
7	2210	Improvement of Instructional Services							June
10	2300	General Administration							July
17	2560	Food Services							August
20	2620	Planning, Research, Dev. & Eval Servs.							September
22	2640	Staff Services*							October
24	2900	Other Support Services							November
25	HEEE	Community Services							December
26	4000	Payment to Other Districts & Govt. Units							January
28	Total Direct Costs								February
30	TOTAL BUDGET								March

*Must not exceed 5% of total budget requested.

**Not applicable to all grants, and in no instances can Capital outlay or Facilities Acquisition & Construction Services be included in the indirect costs application.

Date

Signature of Superintendent or Administrator

Date

Original Signature of Division Administrator
 Special Education Services Division

TOTAL

\$ _____

