| INITIAL BUI | DGET | REVISED INITIAL BUDGET | | ILLINOIS STATE BOARD OF EDUCATION | | | |
|---|--|---|--|-----------------------------------|----------------|-------------|--|
| AMENDMENT # Upward Downward | | Level | College and Career Readiness Division 100 North First Street, C-215 | | PROGRAM APPROV | AL DATE AND | |
| PROJECT NUMBER LEA SUBMISSION | | | Springfield, Illinois 62777-0001 | | INITIALS | | |
| FISCAL YEAR 13 | SOURCE OF FUNDS CODE 3961 | REGION, COUNTY, DISTRICT, TYPE CODE | DATE (mm/dd/yyyy) | FY 2013 | ۲ | TOTAL FUNDS | |
| LEA NAME (for joint proposal) | | | ADVANCED PLACEMENT CLASSES - | ONL | | | |
| | | | COLLEGE AND CAREER SUCCESS FOR ALL STUDENTS | SE (| CARRYOVER FUND | 5 | |
| DISTRICT NAME AND NUMBER | | | | ŝ | | | |
| | | | BUDGET SUMMARY AND PAYMENT SCHEDULE | BE | CURRENT FUNDS | | |
| PROGRAM CONTACT TELEPHONE NUMBER (Include Area Code) | | | | IS | | | |
| CONTACT E-MAIL ADDRESS FAX NUMBER (Include Area Code) | | Use whole dollars only. Omit dollar signs, commas and decimals, e.g., 2536 | | BEGIN DATE | END DATE | | |
| CONTACT E-MAIL ADDRESS FAX NUMBER (Include Area Code) | | | | | | | |
| | | | | - | | | |

Instructions: 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. Further information can be accessed at "General Grant Information Frequently Asked Questions" at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Further information can be accessed at "General Grant Information Frequently Asked Questions" at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Further information can be accessed at "General Grant Information Frequently Asked Questions" at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Further information can be accessed at "General Grant Information Frequently Asked Questions" at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Further information can be accessed at "General Grant Information Frequently Asked Questions" at http://www.isbe.met/funding/pdf/fiscal_procedure_handbk.pdf.

| LINE | FUNCTION NUMBER | EXPENDITURE ACCOUNT | SALARIES | EMPLOYEE BENEFITS 4 | PURCHASED SERVICES 5 | SUPPLIES AND MATERIALS 6 | TOTAL 11 | PAYMENT SCHEDULE |
|------|----------------------|---|-------------|---------------------------|----------------------------|--------------------------------|-------------|---------------------|
| | | ۲ | (Obj. 100s) | (Obj. 200s) | (Obj. 300s) | (Obj. 400s) | | |
| 1 | 1000 | Instruction | | | | | | July-August |
| 7 | 2210 | Improvement of Instruction Services | | | | | | September |
| 9 | 2220 | Educational Media Services | | | | | | October |
| 10 | 2230 | Assessment and Testing | | | | | | November |
| 16 | 2550 | Pupil Transportation Services | | | | | | December |
| 26 | 4000 | Payments to Other LEAs & Governmental Units | | | | | | January |
| 28 | 28 Total Direct Cost | | | | | | | February |
| 30 | 30 Total Budget | | | | | | | March |
| | 1 | | | | 1 | 1 | | April |

| ISBE USE ONLY | | | April |
|---------------|------|--|-------|
| | | | Мау |
| | Date | Original Signature of Superintendent or Authorized Official | June |
| | Date | Original Signature of ISBE Division Administrator, | TOTAL |
| | | Original Signature of ISBE Division Administrator, College and Career Readiness Division | |

FY 2013 AMENDMENT BUDGET SUMMARY BREAKDOWN

Directions: Prior to preparing this amendment request, please refer to the State and Federal Grant Administration Policy and Fiscal Requirements Procedures Handbook that can be accessed at <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 provide to ISBE.

Attach new Budget Summary and Payment Schedule (Attachment ?) to reflect requested amendment amounts.

| FUNCTION NUMBER (1) | OBJECT NUMBER (2) | ITEMIZATION (3) | CURRENTLY APPROVED AMOUNT (4) | REQUESTED CHANGE (+ OR -) (5) | REVISED AMOUNT (6) | RATIONALE FOR REQUESTED CHANGE (7) |
|---------------------------|-------------------------|--------------------|-------------------------------------|-------------------------------------|-----------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | NET CHANGE (+ or -) | | | |

FY 2013 AMENDMENT BUDGET SUMMARY BREAKDOWN

Directions: Prior to preparing this amendment request, please refer to the State and Federal Grant Administration Policy and Fiscal Requirements Procedures Handbook that can be accessed at <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 provide to ISBE.

Attach new Budget Summary and Payment Schedule (Attachment ?) to reflect requested amendment amounts.

| FUNCTION NUMBER (1) | OBJECT NUMBER (2) | ITEMIZATION (3) | CURRENTLY APPROVED AMOUNT (4) | REQUESTED CHANGE (+ OR -) (5) | REVISED AMOUNT (6) | RATIONALE FOR REQUESTED CHANGE (7) |
|---------------------------|-------------------------|--------------------|-------------------------------------|-------------------------------------|-----------------------|---------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | NET CHANGE (+ or -) | | | |