

INITIAL BUDGET REVISED INITIAL BUDGET
 AMENDMENT # _____ Upward Downward Level

PROJECT NUMBER			LEA SUBMISSION DATE (mm/dd/yyyy)
FISCAL YEAR 14	SOURCE OF FUNDS CODE 3961	REGION, COUNTY, DISTRICT, TYPE CODE	
LEA NAME (for joint proposal)			
DISTRICT NAME AND NUMBER			
PROGRAM CONTACT		TELEPHONE NUMBER (Include Area Code)	
CONTACT E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

ILLINOIS STATE BOARD OF EDUCATION
 College and Career Readiness Division
 100 North First Street, C-215
 Springfield, Illinois 62777-0001

FY 2014
ADVANCED PLACEMENT CLASSES –
COLLEGE AND CAREER SUCCESS FOR ALL STUDENTS

BUDGET SUMMARY AND PAYMENT SCHEDULE

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

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

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/general_grant_faq.pdf.

LINE	FUNCTION NUMBER 1	EXPENDITURE ACCOUNT 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES AND MATERIALS 6	TOTAL 11	PAYMENT SCHEDULE					
			(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	Total Direct Cost							February					
30	Total Budget							March					
<table border="1" style="width: 100%;"> <tr> <th colspan="2">ISBE USE ONLY</th> </tr> <tr> <td style="width: 50%; height: 100px;"></td> <td style="width: 50%;"></td> </tr> </table>									ISBE USE ONLY				April
									ISBE USE ONLY				
									May				
June													
									TOTAL				

_____ Date

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

_____ Date

_____ **Original** Signature of ISBE Division Administrator,
College and Career Readiness Division

FY 2014 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 provided to ISBE.

Attach new Budget Summary and Payment Schedule 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 2014 AMENDMENT BUDGET SUMMARY BREAKDOWN

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