March

☐ INITIAL BUDGET ☐ REVISED INITIAL BUDGET ☐ AMENDMENT # ☐ Upward ☐ Downward		Level	ILLINOIS STATE BOARD OF EDUCATION College and Career Readiness Division						ATTACHME		
PROJECT NUMBER LEA SUBM			LEA SUBMISSION	100 North First Street, E-240					PROGRAM APPROVAL DATE AND INITIALS		
FISCAL YEAR		CODE	COUNTY, DISTRICT, TYPE CODE	DATE (mm/dd/yyyy)	Springfield, Illinois 62777-0001 FY 2015				TC	TOTAL FUNDS	
	15 39 AME (for joint p	poposal)				ADVANCED PLACE AND CAREER S	CEMENT CLASSE	S -	ONLY	ARRYOVER FUN	IDS
DISTR	ICT NAME AND	NUMBER			_	UATION APPLICA		MENDMENT	USE	ARRIOVERTOR	iDS
PROGRAM CONTACT TELEPHONE NUMBER (Include Area Code				nclude Area Code)	STATE BUDGET SUMMARY AND PAYMENT SCHEDULE				388	CURRENT FUNDS	
CONTA	CONTACT E-MAIL ADDRESS FAX NUMBER (Include Area Code)			ea Code)	Use whole dollars only. Omit dollar signs, commas and decimals, e.g., 2536				BE	EGIN DATE	END DATE
LINE	FUNCTION NUMBER	пиану арргочарг	ally approvable budget request, whichever is la EXPENDITURE ACCOUNT		_	EMPLOYEE	PURCHASED SERVICES	SUPPLIES		-	
	1	2		'		BENEFITS 4	SERVICES	AND MATERIALS			PAYMENT
						BENEFITS		AND MATERIALS		TOTAL 11	
1	1000	Instruction			3	BENEFITS 4	SERVICES 5	AND MATERIALS			
7	1000 2210				3	BENEFITS 4	SERVICES 5	AND MATERIALS			SCHEDULE
			nstruction Services		3	BENEFITS 4	SERVICES 5	AND MATERIALS			July-August
7	2210	Improvement of I	nstruction Services ia Services		3	BENEFITS 4	SERVICES 5	AND MATERIALS			July-August September
7	2210 2220	Improvement of In	nstruction Services ia Services Testing		3	BENEFITS 4	SERVICES 5	AND MATERIALS			July-August September October
7 9 10	2210 2220 2230	Improvement of In Educational Medi Assessment and Pupil Transportati	nstruction Services ia Services Testing		3	BENEFITS 4	SERVICES 5	AND MATERIALS			SCHEDULE July-August September October November

April
May
June
TOTAL

28

Total Direct Cost

Total Budget

FY 2015 ADVANCED PLACEMENT CLASSES – COLLEGE AND CAREER SUCCESS FOR ALL STUDENTS CONTINUATION APPLICATION BUDGET SUMMARY AMENDMENT

Directions: Prior to preparing this Budget Summary Breakdown Amendement request, please refer to the "State and Federal Grant Administration Policy, Fiscal Requirements and Procedures" handbook that can be accessed at http://www.isbe.net/funding/pdf/fiscal_procedure_handbk.pdf. Obligations of funds based on this budget request cannot begin prior to July 1, or receipt of a substantially approvable budget request, whichever is later.

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			
		on Application Rudget Amendment (E/14)	NET CHANGE (+ or -)			

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