	nitial Budget			School				D OF EDUCAT			PROGR	AM APPROVAL DATI	E AND INITIALS
	Revised Initia			Innovation and Improvement Division 100 North First Street, N-242						TOTAL	ELINIDO.		
YEA	AR (SOURCE OF FUNDS REGION, CO	OUNTY, DISTRICT, TYPE CODE	Springfield, Illinois 62777-0001					ONLY	TOTAL F	FUNDS		
		AND NUMBER	SCHOOL NAME	-	Sahaal Impi	FY 2012 A	RRA nt - Section 10)02/a)	USE	CARRY	OVER FUNDS		
						School impi	Budget Sun)03(g)	ISBE US			
CO	NTACT PERSO	DN	TELEPHONE NUMBER (Include Ar	ea Code)		Use whole dollars only. Omit Commas and Decimal Places, e.g., 2536					CURRE	NT FUNDS	
E-M	IAIL ADDRESS		FAX NUMBER (Include Area Code)			PROJEC		EAR 2: 2011-20	12		BEGIN I	DATE	DATE 08/31/2012
		to preparing this Budget Summa odf/fiscal_procedure_handbk.pdf>										at can be accessed	l at <http: td="" www.<=""></http:>
LINE	FUNCTION NUMBER			SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES AND MATERIALS (6)	CAPITAL OUTLAY** (7)	OBJ	HER ECTS 8)	NON- CAPITALIZED EQUIPMENT** (9)	TOTAL (11)	
_	(1)		(2)		(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)		600s)	(Obj. 700s)	-
1	1000	Instruction			(1.1)	(3, 33,	(-,,	(3.3)	(13, 1111,	(**)	,	(3.3, 3.3.)	
2	2110	Attendance & Social Work Services	s										
3	2120	Guidance Services											
7	2210	Improvement of Instruction Services	s										
8	2220	Educational Media Services											
9	2230	Assessment & Testing											
10	2300	General Administration											
11	2400	School Administration											
13	2520	Fiscal Services*											
15	2540	Operation & Maintenance of Plant S	Services										
16	2550	Pupil Transportation Services											
18	2570	Internal Services*											
19	2610	Direcction of Central Support Service	ces										
20	2620	Planning, Research, Development & Evaluation Services											
21	2630	Information Services											
22	2640	Staff Services*											
23	2660	Data Processing Services*											
24	2900	Other Support Services											
25	3000	Community Services											
26	4000	Payments to Other Districts or Gove	ernment Units										
28	Total Direct (Costs											
30	TOTAL BUD	GET are shown, the indirect costs rate cannot											

Date

Original Signature of ISBE Division Administrator, Innovation & Improvement

Date

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

Original Signature of Superintendent or Administrator

Initial Bu	dget Initial Budget	X Amendment (No) X X ARRA Regular	Individual School Budget			OL PROJECT YEAR 2: 2011-2012 T SUMMARY BREAKDOWN
SCHOOL NA	ME		DISTRICT NAME AND NUMBER		REGION, COUNTY, DIST	RICT, TYPE CODE
_						ures Handbook that can be accessed at <www.isbe.net amendment="" approvable="" ntially="" request.<="" td=""></www.isbe.net>
To complete specific info Amendmen	e the form be ormation for e t requests th	elow, provide a thorough description of e each entry. Rationale for Requested Ch at do not fulfill these requirements will b	each line item to be amended. Expen nange (column 7) must provide sufficie be denied until sufficient information is	diture Description and Iter ent information and detail for provided to ISBE.	nization (column 3) must n for ISBE personnel to asce	natch the currently approved budget and must include rtain approval of each line item amendment request.
Attach new	Budget Sum	nmary and Payment Schedule (Attachm	nent 2) to reflect requested amendmen	t 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)
			N== 0			
			NET CHANGE (+ or -)			

Initial Bu	dget Initial Budget	X Amendment (No	Budget	School			OOL PROJECT YEAR 2: 2011-2012 ET SUMMARY BREAKDOWN
SCHOOL NA	ME		DISTRICT	NAME AND NUMBER		REGION, COUNTY, DIS	TRICT, TYPE CODE
_							dures Handbook that can be accessed at <www.isbe.net <br="">intially approvable amendment request.</www.isbe.net>
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Attach new	Budget Sum	mary and Payment Schedule	(Attachment 2) to refl	ect requested amendmen	t amounts.		
FUNCTION NUMBER (1)	OBJECT NUMBER (2)	ITEMIZATIO	ON	CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
				NET CHANGE (+ or -)			

Initial Bu	dget Initial Budget	X Amendmen	nt (No)	X Individua Budget	Il School			OOL PROJECT YEAR 2: 2011-2012 ET SUMMARY BREAKDOWN
SCHOOL NA	ME			DISTRICT	NAME AND NUMBER		REGION, COUNTY, DIS	TRICT, TYPE CODE
_			_			= :		dures Handbook that can be accessed at <www.isbe.net <br="">antially approvable amendment request.</www.isbe.net>
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					NET CHANGE (+ or -)			

Initial Bu	dget Initial Budget	X Amendmen	nt (No)	X Indiv Budg	idual So get	chool			OOL PROJECT YEAR 2: 2011-2012 ET SUMMARY BREAKDOWN
SCHOOL NA	ME			DIS	TRICT NAI	ME AND NUMBER		REGION, COUNTY, DIST	TRICT, TYPE CODE
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						NET CHANGE (+ or -)			

Initial Bu	dget Initial Budget	X Amendment (No	Budget	School			OOL PROJECT YEAR 2: 2011-2012 ET SUMMARY BREAKDOWN
SCHOOL NA	ME		DISTRICT	NAME AND NUMBER		REGION, COUNTY, DIS	TRICT, TYPE CODE
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Initial Bu	dget Initial Budget	X Amendment (No)	Individual S Budget	School			OOL PROJECT YEAR 2: 2011-2012 ET SUMMARY BREAKDOWN
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