

INITIAL BUDGET REVISED INITIAL BUDGET
 AMENDMENT # _____ Upward Downward Level

ILLINOIS STATE BOARD OF EDUCATION
 Curriculum and Instruction Division
 100 North First Street, C-215
 Springfield, Illinois 62777-0001

ATTACHMENT 4

PROJECT NUMBER			LEA SUBMISSION DATE (MM/DD/YYYY)
FISCAL YEAR 11	SOURCE OF FUNDS CODE 4936	REGION, COUNTY, DISTRICT, TYPE CODE	
FISCAL/ADMINISTRATIVE AGENT			
CITY			
CONTACT PERSON		TELEPHONE (Include Area Code)	
E-MAIL		FAX (Include Area Code)	

FY 2011
ILLINOIS MATHEMATICS AND SCIENCE
PARTNERSHIPS PROGRAM
IMPLEMENTATION GRANT

Budget Summary and Payment Schedule

Note: Use whole dollars only.
 Omit Dollar Signs, Commas, & Decimal Places, e.g., \$2536.

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

Directions: Prior to preparing this Budget Summary and Payment Schedule request, please refer to the State and Federal Grant Administration Policy and Fiscal Requirements 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	EXPENDITURE ACCOUNT 2	SALARIES	EMPLOYEE BENEFITS	PURCHASED SERVICES	SUPPLIES AND MATERIALS	CAPITAL OUTLAY**	NON-CAPITALIZED EQUIPMENT	TOTAL	PAYMENT SCHEDULE
			3	4	5	6	7	9		
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 700s)		
7	2210	Improvement of Instruction Services								September
10	2300	General Administration Capped at 5%								October
20	2620	Planning, Research, Development and Evaluation Services								November
26	4000	Payments to Other Educational and Governmental Units								December
28	TOTAL DIRECT COSTS									January
30	TOTAL BUDGET									February

ISBE USE ONLY
Date Received

 Date **Original** Signature of Authorized Fiscal/Administrative Agent

 Date **Original** Signature of ISBE Division Administrator Curriculum and Instruction

March
April
May
June
July
August
TOTAL

**ILLINOIS MATHEMATICS AND SCIENCE
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Amendment Budget Narrative

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To complete the form below, provide a thorough description of each budget line item you are requesting to be amended. Expenditure Description and Itemization must match your currently approved budget and must include specific information for each entry. Rationale for Requested Change 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	OBJECT NUMBER	EXPENDITURE DESCRIPTION AND ITEMIZATION	CURRENTLY APPROVED AMOUNT	REQUESTED CHANGE (+ OR -)	REVISED AMOUNT	RATIONALE FOR REQUESTED CHANGE
				NET CHANGE + OR -		

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