

- Initial Budget Amendment (No. _____)
 Revised Initial Budget Multidistrict Application

ILLINOIS STATE BOARD OF EDUCATION
 English Language Learning Division
 100 West Randolph, Suite 14-300
 Chicago, IL 60601

**FY 2012 REGULAR YEAR - PART V
 MIGRANT EDUCATION PROGRAM
 Budget Summary and Payment Schedule**

**Use whole dollars only. OMIT DOLLAR SIGNS,
 COMMAS AND DECIMAL PLACES, e.g., 2536**

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

FISCAL YEAR 12	SOURCE OF FUNDS CODE 4340-00	REGION, COUNTY, DISTRICT, TYPE CODE	SUBMISSION DATE (mm/dd/yyyy)
DISTRICT NAME AND NUMBER			
CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
E-MAIL ADDRESS		FAX NUMBER (Include Area Code)	

Directions: Prior to preparing this Budget Summary 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>. Obligations of funds based on this budget request cannot begin prior to the date of receipt at ISBE of a substantially approvable budget request. Further information can be accessed at "General Grant 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	CAPITAL OUTLAY** 7	OTHER OBJECTS 8	NON-CAPITALIZED EQUIPMENT** 9	TOTAL 11
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 600s)	(Obj. 700s)	
1	1000	Instruction								
2	2110	Attendance & Social Work Services								
3	2120	Guidance Services								
4	2130	Health Services								
7	2210	Improvement of Instruction Services								
8	2220	Educational Media Services								
9	2230	Assessment & Testing								
10	2300	General Administration								
13	2520	Fiscal Services								
15	2540	Operation & Maint. of Plant Serv.								
16	2550	Pupil Transportation Services								
17	2560	Food Services								
22	2640	Staff Services*								
23	2660	Data Processing Services*								
24	2900	Other Support Services								
25	3000	Community Services								
26	4000	Payments to Other Gov't. Units								
28	Total Direct Costs									
29	Approved Indirect Costs x _____% ***									
30	TOTAL BUDGET									

* If expenditures are shown, the indirect costs rate cannot be used.

** Not applicable to all grants, and in no instances can Capital Outlay or Facilities Acquisition & Construction Services

_____ Date

_____ **Original** Signature of Superintendent or Administrator

_____ Date

_____ **Original** Signature of ISBE Division Administrator
English Language Learning

FY 2011 REGULAR YEAR - PART V MIGRANT EDUCATION PROGRAM 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 (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 2011 REGULAR YEAR - PART V MIGRANT EDUCATION PROGRAM AMENDMENT BUDGET SUMMARY BREAKDOWN

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FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)

DISTRICT NAME AND NUMBER/AGENCY/INSTITUTION NAME		REGION, COUNTY, DISTRICT, TYPE CODE
FISCAL YEAR	SOURCE OF FUNDS CODE	PROGRAM NAME

The Federal Funding Accountability and Transparency Act (P.L. 109-282, as amended by section 6202(a) of P.L. 110-252) requires a Prime Awardee, such as a State agency, to report an award of \$25,000 or more made to a subrecipient as of October 1, 2010.

To fulfill reporting requirements, provide a brief but succinct description of how the funding you receive will support your activities and actions to meet the purpose and goals of your Federal grant. If there are multiple funding actions, please provide a description for each funding action.

Example of project description: Funds will be used for professional development to train teachers in the use of technology to improve instruction and make Adequate Yearly Progress. In addition, funds will be used to recruit and retain highly-qualified teachers.

Project Description*: (255 maximum characters used)

Agency's Annual Gross Revenues*:

Yes No In the previous fiscal year, did your organization (including parent organizations, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; **AND** (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Please select the Yes check box only if both (1) and (2) are answered affirmatively.

Please provide the names and the total compensation package (using the preceding fiscal year's compensations of the top 5 highest paid individuals within your organization, regardless of the funding source*). ftp://help.isbe.net/webapps/eGMS/2011/FFATA_Fed_Regis_7_8_2010.pdf

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	
5.	

* Required Field