Use your "Mouse" or "Tab" key to move through the fields. You must use the mouse to mark check boxes. After completing last field, click print button.

ATTACHMENT 4E

PROJECT-REGION-COUNTY-DISTRICT-TYPE CODE
FISCAL AGENCY
CITY

☐ FY08 ☐ FY11

☐ FY09 ☐ FY12

☐ FY10

ILLINOIS MATHEMATICS AND SCIENCE PARTNERSHIPS 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 <http://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 or July 1, whichever is later, of a substantially approvable amendment request. Further information can be accessed at General Grant Information Frequently Asked Questions at <http://www.isbe.net/funding/PDF/general_grant_faq.pdf>.

To complete the form below, provide a thorough description of each budget line item requesting to be amended. Expenditure Description and Itemization (column 3) must match your 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.

FUNCTION NUMBER (1)	OBJECT NUMBER (2)	EXPENDITURE DESCRIPTION AND ITEMIZATION (3)	CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
		Net Change - or +				

ISBE 24-27 (5/07)

Print Reset Form