

INITIAL BUDGET REVISED INITIAL BUDGET
 AMENDMENT # _____ Upward Downward Level

PROJECT NUMBER			LEA SUBMISSION DATE (mm/dd/yyyy)
FISCAL YEAR 10	SOURCE OF FUNDS CODE 4334	REGION, COUNTY, DISTRICT, TYPE CODE	
DISTRICT NAME AND NUMBER			
SUPERINTENDENT NAME		TELEPHONE	
E-MAIL		FAX	
CONTACT PERSON		TELEPHONE	
E-MAIL		FAX	

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

FY 2010
DISTRICT READING FIRST PROGRAM
CONTINUATION APPLICATION

Budget Summary and Payment Schedule

Note: Use whole dollars only.
Omit Dollar Signs, Commas and Decimals, 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 <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 or September 17, whichever is later of a substantially approvable budget request. Further information can be accessed at General Grant Information Frequently Asked Questions at <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 & MATERIALS 6	CAPITAL OUTLAY 7	NON-CAPITALIZED EQUIPMENT 9	TOTAL 11	PAYMENT SCHEDULE
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 700s)		
1	1000	Instruction								July-August
7	2210	Improvement of Instruction Services								September
9	2230	Assessment and Testing								October
10	2300	General Administration Capped at 5%								November
24	2900	Other Support Services								December
25	3000	Community Services								January
28	TOTAL DIRECT COSTS									February
30	TOTAL BUDGET									March

ISBE USE ONLY	
RECEIVED DATE	

Date _____

Original Signature of Superintendent or Authorized Official

Date _____

Original Signature of ISBE Division Administrator, Curriculum and Instruction

April
May
June
July-August
Total

SCHOOL NAME
DISTRICT NAME AND NUMBER

**FY 2010
DISTRICT READING FIRST PROGRAM
CONTINUATION APPLICATION**

Budget Narrative

Directions: Prepare a separate budget narrative for each school proposed for funding. Prior to preparing this Budget Summary and Payment Schedule 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>. Further information can be accessed at "General Grant Frequently Asked Questions" at <http://www.isbe.net/funding/PDF/general_grant_faq.pdf>. Itemize and explain each expenditure amount, including employee benefits. Use additional pages as needed..

FUNCTION NUMBER 1	OBJECT CODE	EXPENDITURE DESCRIPTION AND ITEMIZATION 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES AND MATERIALS 6	CAPITAL OUT-LAY 7	NON-CAPITALIZED EQUIPMENT 9	TOTAL (11)
			(Obj. 100s)	(Obj. 200s)	(Obj. 300s)	(Obj. 400s)	(Obj. 500s)	(Obj. 700s)	
TOTAL									

SCHOOL NAME
DISTRICT NAME AND NUMBER

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TOTAL									

SCHOOL NAME
DISTRICT NAME AND NUMBER
FUND CODE (ISBE USE ONLY) 4334-

**FY 2010
DISTRICT READING FIRST PROGRAM
CONTINUATION APPLICATION**

Breakdown of Personnel Costs

Itemize and explain each expenditure amount, including employee benefits. Use additional pages as needed.

FUNCTION NUMBER	NO.	READING FIRST PERSONNEL PAID FROM THIS GRANT (Name/Position)	FTE	ANNUAL SALARY (Obj. 100)	EMPLOYEE BENEFITS (Obj. 200)			PURCHASED SERVICES (Obj. 300)			TOTAL
					Pension _____%	Insurance rate per individual \$ _____	Other _____%	Unemployment Comp. _____%	Workers' Comp. _____%	Other _____%	
	1.										
	2.										
	3.										
	4.										
	5.										
	6.										
	7.										
	8.										
	9.										
	10.										

ISBE 24-26L (7/09) *ALL STAFF PAID BY FEDERAL MONEYS HAVE TO PAY FEDERAL PENSION % RATE, PLUS THE CONTRACTUAL AMOUNT OF TRS APPROVED THROUGH LEA CONTRACT. THE TRS RATE FOR FY 2010 IS 23.38%.

SCHOOL NAME
DISTRICT NAME AND NUMBER
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	1.										
	2.										
	3.										
	4.										
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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 or July 1 or which ever is later for a substantially approvable amendment request. Further information can be accessed at General Grant Information Frequently Asked Questions at <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 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)	EXPENDITURE DESCRIPTION AND ITEMIZATION (3)	CURRENTLY APPROVED AMOUNT (4)	REQUESTED CHANGE (+ OR -) (5)	REVISED AMOUNT (6)	RATIONALE FOR REQUESTED CHANGE (7)
				Net Change + or -		