Illinois Arts Council Agency
Arts and Foreign Language Education
Implementation Assistance Grant FY 2019

Applicant Name (District Name and Number, if applicable)

Attachment 3: Buget
A. Buget Summary

Directions: Prior to preparing this Budget Summary request, please refer to the "State and Federal Grant Administration Policy, Fiscal Requirements and Procedures" handbook that can be accessed at https://www.isbe.net/documents/fiscal_procedure_handbk.pdf. Obligations of funds based on this budget request cannot begin prior to March 15, 2019 and the grant period will extend from the execution date of the grant until November 15, 2019.

Note: use whole dollars only. Omit dollar signs, commas, and decimal places.

LINE	FUNCTION NUMBER 1	EXPENDITURE ACCOUNT 2	SALARIES 3	EMPLOYEE BENEFITS 4	PURCHASED SERVICES 5	SUPPLIES & 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								0
7	2210	Improvement of Instruction Services								0
10	2300	General Administration Capped at 5%								0
16	2550	Pupil Transportation Services								0
27	4000	Payments to Other Educational and Governmental Units								0
29	TOTAL DIRECT COSTS		0	0	0	0	0	0	0	0
31	TOTAL BUDGET REQUEST									0

**In no instances can Capital Outlay or Facilities Acquisition and Construction Services be included in the indirect cost calculation.

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Attachment 3: Buget
B. Buget Summary Breakdown

FUNCTION NUMBER (1)	EXPENDITURE DESCRIPTION AND ITEMIZATION (2)	SALARIES (3)	EMPLOYEE BENEFITS (4)	PURCHASED SERVICES (5)	SUPPLIES & 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)	
	TOTAL								

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Attachment 3: Buget
C. Match Detail

INSTRUCTIONS: Provide detail below about the local cash and in-kind match that must be provided in each year of the grant. Use a separate sheet for each fiscal year to be included.

Check one:
- ☐ **FY 2019** (equal to 25 percent of the total grant received in FY 2019)
- ☐ **FY 2020** (equal to 50 percent of the total grant received in FY 2020)
- ☐ **FY 2021** (equal to 100 percent of the total grant received in FY 2021)

CASH (indicate amount)	**IN-KIND**		**SOURCE OF MATCH**		
	DESCRIPTION	**VALUE** (in dollars)	**NAME OF ORGANIZATION**	**CHECK ONE**	
				PENDING	**CONFIRMED**
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Total **Cash** $_____ + Value of **In-Kind** (not to exceed 50 percent of match) $_____ = **Total Match** $_____0

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				PENDING	**CONFIRMED**
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
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