

Initial Budget

Amended Budget

PREVENTION INITIATIVE (0-3)

PARENTAL TRAINING

PREVENTION INITIATIVE CENTER BASED (0-3)

Families Children

____ INFANT
____ TODDLER
____ TWO'S

Prevention Initiative

Early Learning Partners 09

DATE RECEIVED

CHICAGO PUBLIC SCHOOLS
Office of Early Childhood Education
Community Partnership Programs

EARLY CHILDHOOD BLOCK GRANT PREVENTION INITIATIVE PROGRAM Early Learning Partners 09 BUDGET

CPS USE ONLY	
TOTAL FUNDS	APPROVAL, DATE
BEGIN DATE	END DATE
Recommended for approval	_____ Date _____
Approved	_____ Date _____

PROJECT NUMBER			SUBMISSION DATE
FISCAL YEAR 09	SOURCE OF FUNDS CODE 3705-71	REGION, COUNTY, DISTRICT, TYPE CODE 299	
AGENCY NAME/ENTITY NAME			
BUDGET CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER
PROGRAM CONTACT PERSON		TELEPHONE NUMBER	FAX NUMBER

BUDGET SUMMARY

Use whole dollars only.

See instructions for definitions and budget worksheet.

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

Total Contract Award \$

FUNCTION NUMBER (1)	EXPLANATION (Not Expenditure Account Name) (2)	SALARIES (4)	EMPLOYEE BENEFITS (5)	PURCHASED SERVICES (6)	SUPPLIES AND MATERIALS (7)	CAPITAL OUTLAY (8)	TRANSFERS (9)	TOTAL (10)
	PROGRAM STAFF							

_____ Date

_____ Type Name of Authorized Representative (Dr., Mr., Ms.)

_____ Signature of Authorized Representative

Prevention Initiative

AGENCY/ENTITY NAME

EARLY CHILDHOOD BLOCK GRANT
Early Learning Partners 09
Budget (Continued)

Early Learning Partners 09

DATE RECEIVED

See instructions for definitions and budget worksheet.

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

FUNCTION NUMBER (1)	OBJECT NUMBER (2)	EXPLANATION (Not Expenditure Account Name) (3)	SALARIES (4)	EMPLOYEE BENEFITS (5)	PURCHASED SERVICES (6)	SUPPLIES AND MATERIALS (7)	CAPITAL OUTLAY (8)	TRANSFERS (9)	TOTAL (10)
Total									

Date

Type Name of Superintendent (Dr., Mr., Ms.) **OR**
Type Name of Authorized Representative (Dr., Mr., Ms.)

Signature of Superintendent **OR**
Signature of Authorized Representative