

- Initial Budget
- Amended Budget

THREE TO FIVE _____
Three's
 Fours

Preschool for All Children
EARLY CHILDHOOD BLOCK GRANT
COMMUNITY PARTNERSHIP PROGRAMS
 Early Learning Partners 10
 BUDGET

Early Learning Partners 10
 DATE RECEIVED

PROJECT NUMBER _____		SUBMISSION DATE _____	
FISCAL YEAR 10	SOURCE OF FUNDS CODE 3706-71	REGION, COUNTY, DISTRICT, TYPE CODE 299	
AGENCY NAME/ENTITY NAME _____			
BUDGET CONTACT PERSON _____		TELEPHONE NUMBER _____	FAX NUMBER _____
PROGRAM CONTACT PERSON _____		TELEPHONE NUMBER _____	FAX NUMBER _____

		CPS USE ONLY	
	PAYMENT	TOTAL FUNDS	DATE
1st			
2nd			
3rd			
4th			

BUDGET SUMMARY

See instructions for definitions and budget worksheet.

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

Use whole dollars only.

FUNCTION NUMBER (1)	EXPLANATION (2)	Name (3)	Annual Salary (4)	SALARIES (5)		EMPLOYEE BENEFITS (6)		PURCHASED SERVICES (8)		TOTAL (10)
				Headstart (5)	CPS (6)	Headstart (7)	CPS (8)	Headstart (9)		
	FUNCTION 1000 - INSTRUCTION CLASSROOM STAFF									
	Early Childhood Certified Type 04									
	MA in Education									
	BA in Education or MA Degree									
	AA in Child Development or BA Degree									
	>30 college credit hours or AA Degree									
Total										

Date _____

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

Signature of Authorized Representative _____

Page _____ of _____