

Number of :

- \_\_\_\_\_ INFANTS
- \_\_\_\_\_ TODDLERS
- \_\_\_\_\_ TWO'S

**Prevention Initiative**  
**CHICAGO PUBLIC SCHOOLS**  
*Office of Early Childhood Education*  
*Community Partnership Programs*

**PROPOSED BUDGET FOR**  
**2013-2014**

PROJECT NUMBER		REGION, COUNTY, DISTRICT, TYPE	
FISCAL YEAR <b>14</b>	SOURCE OF FUNDS CODE <b>3705-71</b>	CODE <b>299</b>	
AGENCY NAME/ENTITY NAME			
BUDGET CONTACT PERSON		TELEPHONE NUMBER	
EMAIL:		FAX NUMBER	
PROGRAM CONTACT PERSON		TELEPHONE NUMBER	
EMAIL:		FAX NUMBER	

**BUDGET SUMMARY**

*Use whole dollars only*

See instructions for guidance on budget worksheet.

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

FUNCTION NUMBER	Education Level/Certification	Position	EXPLANATION		SALARIES		EMPLOYEE BENEFITS		PURCHASED SERVICES		TOTAL	
			Site	Annual Salary	CPS	Other	CPS	Other	CPS	Other		
(1)	(2)		(3)			(4)	(5)	(6)	(7)	(8)	(9)	(10)
FUNCTION 1000 - INSTRUCTION CLASSROOM STAFF												
<b>Total From Line 1000</b>												

Date

Print Name of Authorized Representative (Dr., Mr., Ms.)

Signature of Authorized Representative

Updated 08/31/2012