

Quality Improvement Funds FY 19 ExceleRate IL Cohort Budget Form

This form is to be used with participants in the Quality Improvement (QI) Funds ExceleRate™ Illinois Cohort component. Programs are to attach the completed Continuous Quality Improvement Plan(s) (CQIP) developed during the ExceleRate™ Illinois cohort process.

Participants are to label each CQIP to correlate to the line number on the budget form. Label each CQIP in the upper left hand corner. For example:

Budget Line # 1 or Budget line # 1-5



Continuous Quality Improvement Program Planning Worksheet

Continuous Quality Improvement Objective: <input type="checkbox"/> immediate (0-3 months) <input type="checkbox"/> short term (3-6 months) <input type="checkbox"/> long term (6 months – 1 year)	Staff coordinating/ Staff involved	Projected date of completion <hr/> Actual date of completion

Budget Form Instructions

1. Complete the program information.
2. Based on program self-assessment results and the CQIP, items are to be listed in order of need (highest need first)
3. Complete each column
 - a. Age category: refers to what age range the item will serve
 - b. Item name: list the name of the item
 - c. Vendor name: refers to the company
 - d. Catalog #: refers to the item number in the vendor catalog
 - e. Quantity: refers to the amount of the item requested
 - f. Cost per unit: amount for each individual item **round to the nearest dollar**
 - g. Sub-total: multiple the quantity by the cost per unit *(if completed digitally, will calculate for you)*
 - h. Taxes: if applicable, insert the tax amount
 - i. Shipping/freight: if applicable, insert the shipping and/or freight amount
 - j. Total: sub-total + taxes + shipping/freight *(if completed digitally, will calculate for you)*
4. Total each column: sub-total, taxes, shipping/freight, total cost *(if completed digitally, will calculate for you)*
5. Attach required documentation to the budget form:
 - a. CQIP(s)
 - b. If applicable:
 - Bids/estimates are required for any contracted work (e.g., fence installation). Bids must include a complete estimate from at least two (2) licensed contractors on contractor’s letterhead. Bids and estimates must be current; OR
 - A materials list form a home improvement store is required if you will be doing the work yourself.

Reminders:

- All items requested must be based on the results of a self-assessment & CQIP
- All items requested must be new
- All items requested must be age appropriate
- Double check the math!
- Include the program’s name on all attachments
- CQIP(s) must be attached and labeled to correlate to the budget line #.

Program Name: _____

Budget page__ of __

Program Address: _____

this program is: for-profit not-for-profit tax-exempt

THIS FORM MAY BE COPIED AS NEEDED. PLEASE NUMBER ALL PAGES OF THE BUDGET FORM(S).

Line #	Age Category	Item Requested	Vendor	Catalog #	Quantity	Cost/unit	Subtotal	Taxes	Shipping/ Freight	TOTAL COST
1							\$	\$	\$	\$
2							\$	\$	\$	\$
3							\$	\$	\$	\$
4							\$	\$	\$	\$
5							\$	\$	\$	\$
6							\$	\$	\$	\$
7							\$	\$	\$	\$
8							\$	\$	\$	\$
9							\$	\$	\$	\$
10							\$	\$	\$	\$
11							\$	\$	\$	\$
12							\$	\$	\$	\$
13							\$	\$	\$	\$
14							\$	\$	\$	\$
15							\$	\$	\$	\$
TOTALS							\$	\$	\$	\$

Age Categories:

Infants: 6 weeks – 14 months
 Toddlers: 15 months – 23 months
 2 year olds: 24 months – 35 months
 Preschool: 36 months – 59 months
 School Age: Kindergarten – 12 years
 All Ages: appropriate for 3 or more age groups

Total Funds by Age:

CCR&R USE ONLY:

Infants/Toddlers/2-year-olds	All Ages
\$	\$
Review date:	
Funded amount:	
This page: \$	Total: \$