

(A) District/Agency/Name	Monroe County School Board
(B) Program Name	IDEA Part B Preschool Entitlement
(C) Effective Approval Date	07/01/2016
(D) Termination Date	06/30/2017
(E) Total Project Dollars	84,720.30

**FLORIDA DEPARTMENT OF EDUCATION
PROJECT DISBURSEMENT REPORT**

Interim Report Final Report

(F) Agency Number	440
(G) Grant Number	2677B
(H) Project Code	7CP01
(I) Agency Project Number	6040
(J) Contact Person	LESLEY THOMPSON

(1) Function Code	(2) Object Code	(3) Description Of Disbursement	(4) Budget Amount	(5) Total Disbursements As of 05/31/2017	(6) Undisbursed Balance	(7) Current Disbursements
5200	150	Aide	39,740.98	24,041.20	15,699.78	2,404.12
	210	Retirement	3,761.63	2,489.74	1,271.89	262.12
	220	Social Security	3,784.16	1,644.20	2,139.96	164.42
	230	Group Insurance	26,231.80	9,908.40	16,323.40	990.84
	240	Workers' Compensation	1,279.25	649.00	630.25	64.90
	310	Professional,technical Service	7,061.00	0.00	7,061.00	0.00
7200	790	Miscellaneous Expense	2,861.48	1,855.29	1,006.19	186.16
ALL PROGRAMS		(8) COLUMN TOTALS (Complete on Last Page Only)	84,720.30	40,587.83	44,132.47	4,072.56
FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10)		(9) FEDERAL PROGRAM INCOME				
		(10) TOTAL FEDERAL FUNDS	84,720.30	40,587.83	44,132.47	4,072.56
		(11) PROGRAM INCOME FOOTNOTE				

(12) CERTIFICATION: (Complete on last page only)

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the project award. I am aware that any false, fictitious, or fraudulent information, or omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. I further certify that all records necessary to substantiate these items are available for review by state and federal monitoring staff. All disbursements were obligated after the project approval date and prior to the termination date; have not been reported previously; and were not used for matching funds on this or any special project. All inventory items included have been entered properly on the inventory records required by Florida Statutes.

DOE 399 Rev 06/2017	Report Number _____ Certified Correct _____ Page ____ of ____	Finance Officer or Authorized Representative _____	Date ____/____/____
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DOE USE	Audited by: _____ Date: ____/____/____
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