

(A) District/Agency/Name	Monroe County School Board
(B) Program Name	Title III Supplementary Part A, English Language Acquisition
(C) Effective Approval Date	07/01/2016
(D) Termination Date	06/30/2017
(E) Total Project Dollars	24,541.88

**FLORIDA DEPARTMENT OF EDUCATION
PROJECT DISBURSEMENT REPORT**

Interim Report Final Report

(F) Agency Number	440
(G) Grant Number	1027B
(H) Project Code	7C101
(I) Agency Project Number	6061
(J) Contact Person	Kathrine Mayan 305 293-1400 Ext 55382

(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
5100	330	Travel	3,100.00	2,686.70	413.30	2,686.70
	360	Rentals	7,125.00	7,125.00	0.00	0.00
	750	Other Personal Services	5,010.00	0.00	5,010.00	0.00
	210	Retirement	377.00	0.00	377.00	0.00
	220	Social Security	383.00	0.00	383.00	0.00
	240	Workers' Compensation	135.00	0.00	135.00	0.00
	250	Unemployment Compensation	1.00	0.00	1.00	0.00
	510	Supplies	2,010.04	0.00	2,010.04	0.00
6400	310	Professional,technical Service	1,000.00	0.00	1,000.00	0.00
	330	Travel	2,451.00	0.00	2,451.00	0.00
7200	790	Miscellaneous Expense	449.84	196.23	253.61	53.73
7800	330	Travel	2,500.00	0.00	2,500.00	0.00
ALL PROGRAMS		(8) COLUMN TOTALS (Complete on Last Page Only)	24,541.88	10,007.93	14,533.95	2,740.43
FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10)		(9) FEDERAL PROGRAM INCOME				
		(10) TOTAL FEDERAL FUNDS	24,541.88	10,007.93	14,533.95	2,740.43
		(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 Report Number _____ Certified Correct _____
Rev 06/2017 Page ____ of ____ Finance Officer or Authorized Representative

Date ____/____/____

DOE USE	Audited by: _____ Date: ____/____/____
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