

(A) District/Agency/Name	Monroe County School Board
(B) Program Name	Head Start II
(C) Effective Approval Date	08/01/2016
(D) Termination Date	07/31/2017
(E) Total Project Dollars	\$20,581.00 ----

**FLORIDA DEPARTMENT OF EDUCATION
PROJECT DISBURSEMENT REPORT**

Interim Report Final Report

(F) Agency Number	_____
(G) Grant Number	04CH4752-03
(H) Project Code	04CH4752-03
(I) Agency Project Number	6110
(J) Contact Person	MARLA RUSSELL 305 293-1400 Ext 53320

(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
6400	310	Professional,technical Service	3,250.00	3,250.00	0.00	0.00
	330	Travel	11,090.00	9,833.28	1,256.72	1,410.48
	510	Supplies	881.00	0.00	881.00	0.00
	730	Dues And Fees	5,360.00	5,360.00	0.00	0.00
ALL PROGRAMS		(8) COLUMN TOTALS (Complete on Last Page Only)	20,581.00	18,443.28	2,137.72	1,410.48
FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10)		(9) FEDERAL PROGRAM INCOME				
		(10) TOTAL FEDERAL FUNDS	20,581.00	18,443.28	2,137.72	1,410.48
		(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.

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Rev 06/2017

Report Number _____ Certified Correct _____
Page ____ of ____ Finance Officer or Authorized Representative

Date ____/____/____

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