

(A) District/Agency/Name	Monroe County School Board
(B) Program Name	Adult Education & Family Literacy/Civics Education
(C) Effective Approval Date	07/01/2016
(D) Termination Date	06/30/2017
(E) Total Project Dollars	43,391.00

**FLORIDA DEPARTMENT OF EDUCATION  
PROJECT DISBURSEMENT REPORT**

Interim Report  Final Report

(F) Agency Number	440
(G) Grant Number	1937B
(H) Project Code	7CE01
(I) Agency Project Number	6146
(J) Contact Person	Gerald Caputo 305 293-1549 Ext. 53386

(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
5400	120	Classroom Teacher	28,700.00	23,916.76	4,783.24	2,391.68
	210	Retirement	2,158.24	1,798.60	359.64	179.86
	220	Social Security	2,195.55	1,541.38	654.17	153.92
	230	Group Insurance	5,350.00	5,334.80	15.20	533.48
	240	Workers' Compensation	774.90	649.20	125.70	64.58
	510	Supplies	2,229.31	2,185.74	43.57	0.00
7200	790	Miscellaneous Expense	1,983.00	1,696.93	286.07	159.20
ALL PROGRAMS		(8) COLUMN TOTALS (Complete on Last Page Only)	43,391.00	37,123.41	6,267.59	3,482.72
FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10)		(9) FEDERAL PROGRAM INCOME				
		(10) TOTAL FEDERAL FUNDS	43,391.00	37,123.41	6,267.59	3,482.72
		(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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