

(A) District/Agency/Name	Monroe County School Board
(B) Program Name	21st Century Community Learning Centers (21st CCLC)
(C) Effective Approval Date	08/01/2016
(D) Termination Date	07/31/2017
(E) Total Project Dollars	\$301,704.00

**FLORIDA DEPARTMENT OF EDUCATION  
PROJECT DISBURSEMENT REPORT**

Interim Report  Final Report

(F) Agency Number	440
(G) Grant Number	2447B
(H) Project Code	7CGD1
(I) Agency Project Number	6375
(J) Contact Person	Laurie Mazelin 305 293-1400 Ext 53368

(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
5900	120	Classroom Teacher	133,664.00	70,780.00	62,884.00	12,925.00
	130	Other Certified	26,840.00	12,870.00	13,970.00	2,420.00
	150	Aide	53,910.00	17,613.88	36,296.12	2,897.22
	210	Retirement	16,124.00	8,017.88	8,106.12	1,431.96
	220	Social Security	16,402.00	7,748.20	8,653.80	1,395.63
	240	Workers' Compensation	5,790.00	2,736.12	3,053.88	492.56
	510	Supplies	9,651.00	8,935.00	716.00	0.00
	692	Non Capitalized Software	900.00	900.00	0.00	0.00
	130	Other Certified	12,231.00	0.00	12,231.00	0.00
	210	Retirement	920.00	0.00	920.00	0.00
	220	Social Security	936.00	0.00	936.00	0.00
	240	Workers' Compensation	330.00	0.00	330.00	0.00
	310	Professional,technical Service	16,287.00	10,720.00	5,567.00	2,000.00
	330	Travel	319.00	0.00	319.00	0.00
7200	790	Miscellaneous Expense	7,400.00	3,541.29	3,858.71	598.48
ALL PROGRAMS		(8) COLUMN TOTALS (Complete on Last Page Only)	301,704.00	143,862.37	157,841.63	24,160.85
FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10)		(9) FEDERAL PROGRAM INCOME				
		(10) TOTAL FEDERAL FUNDS	301,704.00	143,862.37	157,841.63	24,160.85
		(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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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