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| (A) District/Agency/Name | Monroe County School Board |
| (B) Program Name | Supplementary Instructional Support for English Language Learners (ELLs) |
| (C) Effective Approval Date | 07/01/2016 |
| (D) Termination Date | 06/30/2017 |
| (E) Total Project Dollars | 129,064.97 |

**FLORIDA DEPARTMENT OF EDUCATION
PROJECT DISBURSEMENT REPORT**

Interim Report Final Report

| | |
|---------------------------|---|
| (F) Agency Number | 440 |
| (G) Grant Number | 1027B |
| (H) Project Code | 7C001 |
| (I) Agency Project Number | 6060 |
| (J) Contact Person | Katherine 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 | 360 | Rentals | 14,588.40 | 14,588.40 | 0.00 | 0.00 |
| | 510 | Supplies | 296.85 | 0.00 | 296.85 | 0.00 |
| | 520 | Textbooks | 3,133.25 | 0.00 | 3,133.25 | 0.00 |
| | 530 | Periodicals/func.6200 Only | 380.43 | 0.00 | 380.43 | 0.00 |
| | 644 | Non-capitalized Computer Hardw | 2,500.00 | 1,659.90 | 840.10 | 0.00 |
| | 750 | Other Personal Services | 1,000.00 | 0.00 | 1,000.00 | 0.00 |
| 5900 | 120 | Classroom Teacher | 27,400.00 | 4,770.00 | 22,630.00 | 1,400.00 |
| | 150 | Aide | 7,875.00 | 0.00 | 7,875.00 | 0.00 |
| | 210 | Retirement | 2,670.60 | 358.71 | 2,311.89 | 105.28 |
| | 220 | Social Security | 2,710.00 | 364.95 | 2,345.05 | 107.11 |
| | 240 | Workers' Compensation | 958.00 | 128.79 | 829.21 | 37.80 |
| | 250 | Unemployment Compensation | 18.00 | 0.00 | 18.00 | 0.00 |
| 6150 | 150 | Aide | 18,435.16 | 15,981.68 | 2,453.48 | 1,452.88 |
| | 210 | Retirement | 1,356.16 | 1,201.87 | 154.29 | 109.26 |
| | 220 | Social Security | 1,353.37 | 1,184.78 | 168.59 | 107.22 |
| | 230 | Group Insurance | 5,895.40 | 4,779.40 | 1,116.00 | 477.94 |
| | 240 | Workers' Compensation | 520.78 | 480.57 | 40.21 | 39.24 |
| | 250 | Unemployment Compensation | 4.00 | 0.00 | 4.00 | 0.00 |
| 6400 | 130 | Other Certified | 21,300.00 | 17,740.26 | 3,559.74 | 1,786.22 |
| | 210 | Retirement | 1,601.75 | 1,333.76 | 267.99 | 134.29 |

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Finance Officer or Authorized Representative Date __/__/____

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

| (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 |
|--|-----------------------|--|-------------------------|--|-------------------------------|---------------------------------|
| | 220 | Social Security | 1,590.41 | 1,257.25 | 333.16 | 125.71 |
| | 310 | Professional,technical Service | 10,000.00 | 0.00 | 10,000.00 | 0.00 |
| | 330 | Travel | 1,000.00 | 0.00 | 1,000.00 | 0.00 |
| 7200 | 790 | Miscellaneous Expense | 2,477.41 | 1,283.41 | 1,194.00 | 117.66 |
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| ALL PROGRAMS | | (8) COLUMN TOTALS (Complete on Last Page Only) | 129,064.97 | 67,113.73 | 61,951.24 | 6,000.61 |
| FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10) | | (9) FEDERAL PROGRAM INCOME | | | | |
| | | (10) TOTAL FEDERAL FUNDS | 129,064.97 | 67,113.73 | 61,951.24 | 6,000.61 |
| | | (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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|------------------------|----------------------|--|--|---------------------|---------|-------------------|
| DOE 399 Rev 06/2017 | Report Number _____ | Certified Correct _____ Page ____ of ____ | Finance Officer or Authorized Representative _____ | Date ____/____/____ | DOE USE | Audited by: _____ |
| | Date: ____/____/____ | | | | | |