

(A) District/Agency/Name	Monroe County School Board
(B) Program Name	Title X, Part C-Education of Homeless Children & Youth Project
(C) Effective Approval Date	06/01/2016
(D) Termination Date	06/30/2017
(E) Total Project Dollars	44,100.00

**FLORIDA DEPARTMENT OF EDUCATION  
PROJECT DISBURSEMENT REPORT**

Interim Report  Final Report

(F) Agency Number	440
(G) Grant Number	1277B
(H) Project Code	7CH01
(I) Agency Project Number	6360
(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
5100	390	Other Purchased Services (ops)	300.00	0.00	300.00	0.00
	510	Supplies	16,993.71	14,993.12	2,000.59	0.00
	730	Dues And Fees	300.00	0.00	300.00	0.00
6300	130	Other Certified	7,875.25	7,127.75	747.50	747.50
	160	Other Support Personnel	10,246.34	8,505.25	1,741.09	827.20
	210	Retirement	1,362.84	1,175.73	187.11	118.42
	220	Social Security	1,303.80	1,118.60	185.20	113.54
	230	Group Insurance	3,908.53	2,950.18	958.35	341.54
	240	Workers' Compensation	491.53	428.61	62.92	43.34
	250	Unemployment Compensation	20.00	0.00	20.00	0.00
	330	Travel	1,298.00	0.00	1,298.00	0.00
ALL PROGRAMS		(8) COLUMN TOTALS (Complete on Last Page Only)	44,100.00	36,299.24	7,800.76	2,191.54
FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10)		(9) FEDERAL PROGRAM INCOME				
		(10) TOTAL FEDERAL FUNDS	44,100.00	36,299.24	7,800.76	2,191.54
		(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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