**FLORIDA DEPARTMENT OF EDUCATION**  
**PROJECT DISBURSEMENT REPORT**

- **Interim Report**
- **District/Agency/Name:** Monroe County School Board
- **Program Name:** Title III Supplementary Part A, English Language Acquisition
- **Effective Approval Date:** 07/01/2016
- **Termination Date:** 06/30/2017
- **Total Project Dollars:** 24,541.88
- **Agency Number:** 440
- **Grant Number:** 1027B
- **Project Code:** 7C101
- **Agency Project Number:** 6061
- **Contact Person:** Kathrine Mayan 305 293-1400 Ext 55382

<table>
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<tr>
<th>(1) Function Code</th>
<th>(2) Object Code</th>
<th>(3) Description Of Disbursement</th>
<th>(4) Budget Amount</th>
<th>(5) Total Disbursements As of 05/31/2017</th>
<th>(6) Undisbursed Balance</th>
<th>(7) Current Disbursements</th>
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**ALL PROGRAMS**

- (8) COLUMN TOTALS (Complete on Last Page Only)
  - 24,541.88
  - 10,007.93
  - 14,533.95
  - 2,740.43

**FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10)**

- (9) FEDERAL PROGRAM INCOME
  - 24,541.88
  - 10,007.93
  - 14,533.95
  - 2,740.43

**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 ______

Page ______ of ______ Finance Officer or Authorized Representative ______ Date ______/_____/______

DOE USE

Audited by: ______ Date: ______/_____/______