

(A) District/Agency/Name	Monroe County School Board
(B) Program Name	Carl D Perkins, Career Technical Education, Secondary Sec. 131
(C) Effective Approval Date	07/01/2016
(D) Termination Date	06/30/2017
(E) Total Project Dollars	73,330.00

**FLORIDA DEPARTMENT OF EDUCATION
PROJECT DISBURSEMENT REPORT**

Interim Report Final Report

(F) Agency Number	440
(G) Grant Number	1617A
(H) Project Code	7CS01
(I) Agency Project Number	6130
(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
5300	330	Travel	3,154.64	2,504.64	650.00	0.00
	362	Rent-license,purchase & Renew	26,300.00	26,300.00	0.00	18,800.00
	510	Supplies	19,280.02	9,879.74	9,400.28	3,073.53
	520	Textbooks	11,289.34	9,086.44	2,202.90	4,761.75
	643	Capitalized Computer Hard(oco)	8,246.00	1,295.00	6,951.00	1,295.00
	644	Non-capitalized Computer Hardw	999.00	999.00	0.00	0.00
	750	Other Personal Services	1,158.00	1,158.00	0.00	0.00
7200	790	Miscellaneous Expense	2,903.00	2,343.69	559.31	1,275.83
ALL PROGRAMS		(8) COLUMN TOTALS (Complete on Last Page Only)	73,330.00	53,566.51	19,763.49	29,206.11
FEDERAL PROGRAMS ONLY COMPLETE LINES (9) and (10)		(9) FEDERAL PROGRAM INCOME				
		(10) TOTAL FEDERAL FUNDS	73,330.00	53,566.51	19,763.49	29,206.11
		(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: ____/____/____