

**Acronym Legend:**

SELPA: Special Education Local Plan Area

SCO: State Controller's Office

**Return completed form to:**

Special Education Division

Administrative Services Unit

California Department of Education

1430 N Street, Suite 2401

Sacramento, CA 95814-5901

**Special Education Grant  
Expenditure Report  
Fiscal Year 2020-21****Grant Award Period:** July 1, 2020 through September 30, 2022**Grant Name:** Federal Preschool Grant**Grantee Name:** XYZ SELPA**SELPA Name:** XYZ SELPA**SELPA Code:** XX**Program Cost Account:** 13430**Vendor Number:** XXXX**Suffix:** XX**Standardized Account Code Structure (SACS) Resource Code:** 3315

Refer to the Expenditure Report Instructions for reimbursement requirements. Reports 1 – 6 are due 30 days after the last day of each report period. Report 7 is due October 10, 2022.

**Report Periods**

Please check the appropriate boxes to indicate the report period for this report.

- ☐ **Report 1:** July 1, 2020, through December 31, 2020
- ☒ **Report 2:** January 1, 2021, through March 31, 2021
- ☐ **Report 3:** April 1, 2021, through June 30, 2021
- ☐ **Report 4:** July 1, 2021, through September 30, 2021
- ☐ **Report 5:** October 1, 2021, through December 31, 2021
- ☐ **Report 6:** January 1, 2022, through March 30, 2022
- ☐ **Report 7:** April 1, 2022, through June 30, 2022
- ☐ **Final Report:** July 1, 2022, through September 30, 2022

**Final Report:**

The grantee may submit a Final Expenditure Report prior to the award ending date, if funds have been fully expended. Upon receipt of the Final Expenditure Report and Indirect Cost Rate (ICR) Report (if applicable), the California Department of Education (CDE) will issue up to 100 percent of the total grant award. Please refer to the Grant Award Notification conditions for ICR Report requirements. If the grantee did not expend all funds received, the CDE will issue an invoice for the amount (if any) determined as excess to be returned.

**Expenditures Summary. Complete the table below:**

| Description  | Amount     |
|--|------------|
| <b>A. Total Grant Award Amount</b>   | 750,000.00 |
| B. Prior Cumulative Actual Expenditures Reported [includes Comprehensive Coordinated Early Intervening Services (CCEIS) and Private Parentally Placed Individual Service Plan (PPP ISP)] | 0.00       |
| C. Current Actual Expenditures <b>Resource 3315</b>  | 350,000.00 |
| D. Current CCEIS Actual Expenditures (if applicable) <b>Resource 3318</b>  | 20,000.00  |
| E. Current PPP ISP Actual Expenditures (if applicable) <b>N/A</b>  | 0.00       |
| PPP ISP Set Aside Amount (if applicable) <b>N/A</b>  | 0.00       |
| <b>F. Total Combined Expenditures (B through E)</b>  | 370,000.00 |
| G. Cash Payments Received  | 0.00       |
| H. Reimbursement Claimed (F minus G)   | 370,000.00 |
| I. <b>Report on Final Expenditures Report Only:</b> Indicate the Total Indirect Cost Claimed [as reported on the ICR Report (if applicable)]   |            |
| J. Unused Balance (A minus F)  | 380,000.00 |
| K. Excess To Be Returned (G minus F)   |            |

**Certification**

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 Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims, or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729 - 3730 and 3801 - 3812). Full records of receipts and expenditures have been maintained and are available for a period of five years after submission of a Final Expenditure Report.

|  |   |  |
|--|---|--|
| Name and Title of Authorized Agent<br><br>Jane Doe, SELPA Director | Name and Title of Contact Person<br><br>Jesse James, Fiscal Agent | Email and Phone Number of Contact Person<br>jjames@xyz.com<br>800-555-1316 |
|--|---|--|

Signature of Authorized Agent

|                            |                       |
|----------------------------|-----------------------|
| Signed By: <i>Jane Doe</i> | Date Signed: 4/6/2020 |
|----------------------------|-----------------------|

**For CDE Use:**

|                     |                 |              |
|---------------------|-----------------|--------------|
| Approved By:        | Date Approved:  | Budget Plan: |
| Interim Payment:    | Final Payment:  | Date to SCO: |
| Payment Identifier: | Voucher Number: |              |