

Federal Financial Report

(Follow form Instructions)

OMB Control Number: 4040-0014
Expiration Date: 2/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px; min-height: 20px;">HHS - Administration for Children and Families</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">04CH4752/04</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; width: 90%;">School Board of Monroe County, Florida</div> Street1: <div style="border: 1px solid black; padding: 2px; width: 80%;">241 Trumbo Rd</div> Street2: <div style="border: 1px solid black; padding: 2px; width: 80%;"></div> City: <div style="border: 1px solid black; padding: 2px; width: 30%;">Key West</div> County: <div style="border: 1px solid black; padding: 2px; width: 30%;">Monroe</div> State: <div style="border: 1px solid black; padding: 2px; width: 40%;">FL: Florida</div> Province: <div style="border: 1px solid black; padding: 2px; width: 40%;"></div> Country: <div style="border: 1px solid black; padding: 2px; width: 40%;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; width: 40%;">33040-6684</div>			
4a. DUNS Number <div style="border: 1px solid black; padding: 2px; min-height: 20px;">849287149</div>	4b. EIN <div style="border: 1px solid black; padding: 2px; min-height: 20px;">59-6000750</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;">fund 0420; projects 6100,6110</div>	
6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px; width: 30%;">08/01/2018</div> To: <div style="border: 1px solid black; padding: 2px; width: 30%;">07/31/2019</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; min-height: 20px;">07/31/2019</div>
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			1,477,784.21
b. Cash Disbursements			1,477,784.21
c. Cash on Hand (line a minus b)			0.00
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			1,509,092.00
e. Federal share of expenditures			1,477,784.21
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			1,477,784.21
h. Unobligated balance of Federal Funds (line d minus g)			31,307.79
Recipient Share:			
i. Total recipient share required			369,446.05
j. Recipient share of expenditures			369,446.05
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m or line n)			0.00

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
None						
None						
g. Totals:						

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

	Add Attachment	Delete Attachment	View Attachment
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13. 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).

a. Name and Title of Authorized Certifying Official

Prefix: Mr.	First Name: James	Middle Name:
Last Name: Drake	Suffix:	
Title: Executive Director, Finance and Performance		

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

305-293-1400, ext 53323

d. Email Address

james.drake@keysschools.com

e. Date Report Submitted

10/30/2019

14. Agency use only:

Remarks – FINAL SF-425 – reporting period ending October 2019.

The State of Florida conducted an audit of the grant year ending July 31, 2018, with no findings.

We were successful in applying for “extended hours” funding and received \$160,312.00 in start-up monies and \$157,965.00 in re-occurring funding. We were able to bring 45% of the student population from a part-time center based program to having students attend 1,020 hours/year.

There were 29 children enrolled in the program who had an Individualized Education Program (IEP). Of these 14 were determined eligible during the enrollment year.