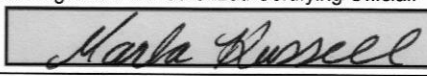


**REAL PROPERTY STATUS REPORT SF-429
(COVER PAGE)**

OMB Number: 4040-0016
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted: HHS - Administration for Children and Families		2. Federal Grant(s) or Other Identifying Number(s) Assigned by Federal Agency(ies): 04CH4752/05	
3. Recipient Organization (name and complete address including zip code): Recipient Organization Name: School Board of Monroe County, Florida			
Street1: 241 Trumbo Rd			
Street2:			
City: Key West		County: Monroe	
State: FL: Florida		Province:	
Country: USA: UNITED STATES		ZIP / Postal Code: 33040-6684	
4a. DUNS Number: 849287149		4b. EIN: 59-6000750	
5. Recipient Account or Identifying Number: fund 0420; projects 6100, 6110			
6. Contact Person for this Report: Prefix: Mrs. First Name: Marla Middle Name: A. Last Name: Russell Suffix: Email: marla.russell@keysschools.com Phone: 305-293-1400 ext 53320 Fax: 305-293-1485			
7. Report End Date: 07/31/2019 (MM/DD/YYYY)			
8. Real Property Status Report – Attachments: [check the applicable block(s)]: <input checked="" type="checkbox"/> : Attachment A (General Reporting) attached <input type="checkbox"/> : Attachment B (Request to Acquire, Improve or Furnish) attached <input type="checkbox"/> : Attachment C (Disposition Request) attached			
9. Comments: <div style="border: 1px solid black; height: 20px; width: 300px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-around;">Add AttachmentDelete AttachmentView Attachment</div>			
10. Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct and complete and constitutes a material representation of fact upon which the Federal government may rely.			
11a. Typed or Printed Name and Title of Authorized Certifying Official: Prefix: Mrs. First Name: Marla Middle Name: A. Last Name: Russell Suffix: Title: Supvr/Coord, Early Childhood			
11b. Signature of Authorized Certifying Official: 			
11c. Telephone (area code, number, extension): 305-293-1400 ext 53320			
11d. Email Address: marla.russell@keysschools.com			
11e. Date Report Submitted (MM/DD/YYYY): 10/28/2019		12. Agency use only	

Real Property Status Report
ATTACHMENT A (General Reporting) SF-429-A

OMB Number: 4040-0016
Expiration Date: 02/28/2022

Federal Grant or Other Identifying Number Assigned
by Federal Agency (#2 on cover page)

04CH4752/05

Complete the applicable blocks below for each parcel of real property being reported (duplicate this page to provide information for each parcel of real property being reported under the Federal financial assistance award identified in section 2):

13. Period and type of Federal Interest (MM/DD/YYYY): From: 08/01/2018 To: 07/31/2019
☐ Acquisition ☐ Renovation ☐ Construction ☐ Government Furnished Property

14a. Description of Real Property:

We have no real property to report.

14b. Address of Real Property (legal description and complete address including zoning information):

Street1:
Street2:
City: County:
State: Province:
Country: ZIP / Postal Code:
Zoning Information:
GPS Location Longitude: GPS Location Latitude:

14c. Land Acreage or Square Units:

Enter Amount:
Select units: ☐ Acres ☐ Square Feet
☐ Square Kilometers ☐ Square Meters

14d. Gross and Usable Square Footage/Meters (i.e., of building, house, etc.):

Enter Amounts:
Gross Usable
Select units: ☐ Square Feet ☐ Square Meters

14e. Real Property Ownership Type(s):

☐ A. Owned ☐ B. Co-Owned ☐ C. Fee Simple ☐ D. Corporate
☐ E. Joint Tenancy ☐ F. Partnership ☐ G. Limited Liability Partnership ☐ H. Co-Operative
☐ I. Government Furnished Property ☐ J. Other (Describe):

14f. Real Property Cost: \$ Share Percentage %:
Federal Share: \$ [%]
Non-Federal Share: \$ [%]
Total (sum of Federal and Non-Federal Share): \$ [%]

14g. Has a deed, lien, covenant, or other related documentation been recorded to establish Federal interest in this real property?

☐ Yes ☐ No ☐ N/A

If yes (unless previously reported), describe the instrument used and enter the date and jurisdiction in which it was recorded:

Date: Jurisdiction:

14h. Has Federally required insurance coverage been secured for this real property? ☐ Yes ☐ No
See instructions for more details.

14i. Are there any Uniform Relocation Act (URA) requirements applicable to this real property? ☐ Yes ☐ No

14j. Are there any environmental compliance requirements related to the real property? ☐ Yes ☐ No

If yes, describe them:

Add Attachment

Delete Attachment

View Attachment

14k. In accordance with the National Historic Preservation Act (NHPA), does the property possess historic significance, and/or is it listed or eligible for listing in the National Register of Historic Places? ☐ Yes ☐ No

If yes, describe them:

Add Attachment

Delete Attachment

View Attachment

15. Has a significant change occurred with the real property, or is there an anticipated change expected during the next reporting period?

☐ Yes ☐ No

If yes, describe the change:

Add Attachment

Delete Attachment

View Attachment

16. Real Property Disposition Status:

☐ A. Sold

☐ B. Transferred to different award

☐ C. Used in other Federally sponsored project/program

☐ D. Transferred title

☐ E. Retained Title

☐ F. N/A

i. If the Federal agency provided the recipient disposition instructions to sell or retain title to the real property, enter the amount of funds owed to the Federal government:

ii. If applicable, enter the amount of any net proceeds from the sale of the real property and describe how the proceeds were distributed:

iii. If the Federal agency directed the recipient to transfer title to the real property, enter the amount of funds the Federal Agency owes:

17. Indicate the cumulative energy consumption for the previous 12 months:

A. Electric (kWh)

or (Btu)

B. Petroleum (Gal)

C. Natural Gas (cu ft)

D. Other

(Specify)

18. Remarks:

Add Attachment

Delete Attachment

View Attachment