DEPENDENT CARE DEVELOPMENT GRANT
BUDGET AND REPORT OF EXPENDITURES

(www.alsde.edu, Department Offices, Office of Financial Management, LEA Accounting, Forms - Other, Dependent Care Claim Form - FY 2016)

FINAL CLAIM:  YES  NO

DUE ON OR BEFORE THE 15TH OF THE MONTH FOLLOWING QUARTER BEING REPORTED ON


ITEMS OF BUDGET/EXPENDITURES SHOULD AGREE WITH PROPOSAL APPROVED BY THE STATE DEPARTMENT OF EDUCATION

<table>
<thead>
<tr>
<th>ITEMIZE ITEMS OF BUDGET/EXPENSE FROM APPROVED PROPOSAL (Each Line Item)</th>
<th>ACCOUNT CODES (27 Digits)</th>
<th>BUDGET</th>
<th>EXPENDITURES THIS PERIOD</th>
<th>EXPENDITURES CUMULATIVE TO DATE</th>
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TOTAL BUDGET/EXPENDITURES

$0.00  $0.00  $0.00

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).

APPROVED:

__________________________________________
LOCAL EDUCATION AGENCY

__________________________________________
SIGNATURE OF CHIEF SCHOOL FINANCIAL OFFICER

__________________________________________
SIGNATURE OF LEA SUPERINTENDENT