Division of Adult Education
Indiana Department of Education

BUDGET
ADULT EDUCATION AND FAMILY LITERACY ACT
CFDA 84.002A

Comprehensive_____
Outreach_____ **EL/Civics**_____

☐ Quarterly Report ☐ 2nd Jan. 15th ☐ 3rd April 15th ☐ Budget Addendum (for perf.and incentive money)	☐ Final Fiscal Report ☐ 1. Budget Modification ☐ 2. Budget Modification	**NAME AND ADDRESS OF AGENCY**:	PROGRAM NUMBER **FY 20 -** REPORTING PERIOD (Month, Day, Year) From: 7/1/200 To: 6/30/200 **LEA CODE** (School Corporation):

Account Number	Functional Categories	110	120	211-290	211-290	311-319	440	511-593	611-689	710-748	TOTALS
		Salaries Certified	**Salaries Non-Certified**	**Fringes Certified**	**Fringes Non-Certified**	**Contracted Services**	**Rental**	**Communica-tions**	**Supplies**	**Property**	
13100	**Instruction** (Adult Basic Education Instruction)										
21220 **21230**	**Guidance Services** (intake, follow-up, counseling, etc)										
22120 **22130**	**Improvement of Instruction** (in-service, training, etc.)										
22900	**Other Support Service** (Program Adm., data-entry, curriculum)										
26200 **26400** **26600**	**Operation & Maintenance**										
33940	**Child Care Services**										
45500	**Rent of Buildings**										
60600	**Indirect Cost**										
a	Total Request for **FEDERAL** Funds										
b	Estimate of of **LOCAL** Expenditures										

Director's Signature _____ Approved by _____

Date _____ Date _____

☐ 2nd quarter
☐ 3rd quarter

ADULT BASIC EDUCATION
CUMULATIVE STATEMENT OF QUARTERLY BALANCE

NAME AND ADDRESS OF AGENCY:		**PROGRAM NUMBER: FY**	**REPORTING PERIOD (MONTH, DAY, YEAR) From:**
		LEA CODE (School Corporation):	
1. Amount of grant award:	$	5. Unencumbered monies on hand at the end of the quarter: (add lines 3 and 4; subtract sum from line 2)	$
2. Total federal monies received through this quarter:	$	6. Balance of grant due: (subtract line 2 from line 1)	$
3. Total federal monies spent through this quarter:	$	7. Total amount released back to state:	$
4. Estimate of federal monies encumbered through the end of quarter:	$	8. Revised Balance of grant due (subtract line 7 from line 6):	$

Director's Signature: _____ Authorized Fiscal Officer Signature: _____

Typed Name: _____ Typed Name: _____

Date Signed: _____ Official Title: _____

Date Signed: _____

4/08

ADULT BASIC EDUCATION FINAL STATEMENT OF EXPENDITURES (only for final fiscal report)
FOR THE PROGRAM YEAR ENDING JUNE 30, 20____

Program #_____ LEA Code:_____ Legal Name of Agency:_____

1. Statement of unexpended balance of *Federal Funds* for the period from July 1, _____ to June 30, _____ *after all encumbrances have cleared.*

A. Total federal funds received. $ _____

B. Total federal funds expended. (Figure must correspond with Total federal expenditures reported on line "A" of the budget grid) $ _____

C. Amount returned to the state. (Subtract amount on line "B" from line "A".) (Enclose check for that amount with this report.) $ _____

2. Report of *Local* expenditures

A. Total local expenditures for the **current** fiscal year. (Attach itemization) $ _____

B. Local expenditures reported for the **previous** fiscal year. $ _____

I certify that to the best of my knowledge, the above report accurately reflects fiscal transactions of this program for the period indicated.

Director Signature _____

Typed Name _____

Authorized Fiscal Officer Signature _____

Typed Name _____

Title _____

Subscribed and sworn to in my presence on the ____

day of _____, 20_____.

_____
NOTARY PUBLIC

of the County of _____, and the State

of _____.

4-08