|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project No.: 16-** |  | **Fund 6840 series Receipt 4990** | **Allocation Amount:** | **$** |  |   |
| **Title II, Part A - Improving Teacher Quality** | **LEA Code No:** |  |  |  |  |
| **Indiana Department of Education** | **Corporation Name:** |   |
| **Grants Management, Monitoring, and Reporting** | **(317)232-0540** |  |  |  |  |   |
| **115 West Washington Street** |  |  |   |   |   |   |
| **Indianapolis, IN 46204** |  |  |   |
| Federal Program Title: Title II, Part A: Improving Teacher Quality and EffectivenessFederal Agency: U.S. Department of EducationPass Through Agency: Indiana Department of EducationCFDA Number: 84-367AAward Name: FFY 2016 Title II, Part A: Improving Teacher Quality and EffectivenessAward Number: S367A160013**Title II-Part A, P.L. 107-110, FFY 2016** |
| **Final Report of Expenditures** |
| Project Period: July 1, 2016 - September 30, 2018 |
| **Transferability Section** |
| Original Title II-A Allocation:  |   |   |   |
| Funds Transferred out of Title II-A: |   |   |   |
| Final Title II-A Allocation: |   |   |   |
|   |
| **Title II-Part A Program Categories** | **Original/Final Amended Budget** | **\*Amount Expended** |
| Training on Teacher Evaluation Systems |   |   |   |
| Category One: Recruitment, Retention, Incentives, Differentiated Pay |   |   |   |
| Category Two: Professional Development |   |   |   |
| Category Three: Class Size Reduction |   |   |   |
| Administration (maximum 3%) |   |   |   |
| Restricted Indirect |   |   |   |
| GRAND TOTAL |   |   | $0 |
| **Cash received for Title II-A, PL 107-110 FFY 2016** | **(a)** |  |   |
| **Cash expenditures for Title II-A, PL 107-110 FFY 2016 (Including transfers)** | **(b)** |   | $0 |
| **\*\*Cash balance ("a" less "b")**  | **(c)**  |   | $0 |
| \*\*Cash balance should be returned, payable to "State of Indiana."  (If less than one dollar, balance may be transferred to general fund.) |
| We certify that to the best of our knowledge and belief the above report accurately reflects fiscal transactions of this project. We also certify that all funds were spent as requested and approved on the original application, unless otherwise amended. |
|  |  |  |  |  |  |
|  | Superintendent's Signature |  | Treasurer's Signature |  | Date |
| **Submit 1 copy of this report as soon as project is complete between now and December 31, 2018All funds must be spent or encumbered by 9/30/18. Encumbrances must be liquidated by requesting reimbursements by 12/15/18 or funds must be returned.** |
| **\*Any change in the amount for a Program Category that is more than 10% of the amount of the original or amended budget requires the submission of a Request for Amendment to Title II, Part A Grant Application form that matches the expended amount being reported on this Final Report of Expenditures form.** |