

**Return completed form to:**  
Special Education Division  
Administrative Services Unit  
California Department of Education  
1430 N Street, Suite 2401  
Sacramento, CA 95814-5901

**Acronym Legend**

SELPA: Special Education Local Plan Area  
SCO: State Controller's Office

**Special Education Federal Grants: Expenditure Report**

<b>Grant Fiscal Year:</b>			
<b>Name of Grant Program:</b>			
<b>Grantee Name:</b>			
<b>SELPA Name:</b>		<b>SELPA Code:</b>	
<b>Program Cost Account:</b>	<b>Vendor Number:</b>	<b>Suffix:</b>	
<b>Standardized Account Code Structure (SACS) Resource Code:</b>			

Refer to the Grant Award Notification to complete the section above.

Refer to the Expenditure Report Instructions for reports 1–7 report periods, due dates, and reimbursement requirements.

**Report Periods**

Check the appropriate boxes to indicate the report period for this report.

- Report 1
- Report 2
- Report 3
- Report 4
- Report 5
- Report 6
- Report 7
- Final Report

**Final Report**

The Grantees may submit a Final Expenditure Report (FER) prior to the award ending date, if funds have been fully expended. Upon receipt of the FER and Indirect Cost Rate (ICR) Report (if applicable), the California Department of Education (CDE) will issue up to 100 percent of the total grant award. Refer to the Grant Award Notification conditions for ICR Report requirements. If the grantee did not expend all funds received, the CDE will issue an invoice for the amount (if any) determined as excess to be returned.

## Expenditures Summary

Description	Amount
A. Total Grant Award Amount	
B. Prior Cumulative Actual Expenditures Reported, includes Comprehensive Coordinated Early Intervening Services (CCEIS), Coordinated Early Intervening Services (CEIS), and Private Parentally Placed Individual Service Plan (PPP ISP), if applicable	
C. Current Actual Expenditures	
D. Current CCEIS and CEIS Actual Expenditures (if applicable)	
E. Current PPP ISP Actual Expenditures (if applicable)	
PPP ISP Set Aside Amount (if applicable)	
F. Total Combined Expenditures (B through E)	
G. Cash Payments Received	
H. Reimbursement Claimed (F minus G)	
I. Report on Final Expenditures Report only. Indicate the Total Indirect Cost Claimed as reported on the ICR Report (if applicable)	
J. Unused Balance (A minus F)	

## 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). Full records of receipts and expenditures have been maintained and are available for a period of five years after submission of a Final Expenditure Report.

Name and Title of Authorized Agent	Name and Title of Contact Person	Email and Phone Number of Contact Person
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Signature of Authorized Agent

Sign By <input type="text"/>	Date Signed <input type="text"/>
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**For CDE Use Only**

Approved By <input type="text"/>	Date Approved <input type="text"/>	Voucher Number <input type="text"/>
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Payment Identifier <input type="text"/>	Interim Payment <input type="text"/>	Final Payment <input type="text"/>
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Comments <input type="text"/>
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