AGRICULTURAL CAREER TECHNICAL EDUCATION INCENTIVE GRANT REPORT OF EXPENDITURES

California Department of Education

(Due Date: To be received in Regional Supervisor's Office by October 15)

Funding Year: _____

School Site: _____ District: _____

Name/Title of Person Preparing Report: _____

Signature of Agriculture Teacher Responsible for the Program: _____

Telephone Number: _____

PART A

Account Number 4000 does not require matching of each item but subtotal on Column C must at least equal the subtotal Column B unless a waiver of matching has been approved. Accounts 5000 and 6000 require matching for each line item unless a waiver of matching has been approved.

4000: Books & Supplies

Items	Description of Item for Which Funds Were Expended	Incentive Grant Funds	Matching Funds
1			
4000	Subtotal for 4000		

5000: Services and Operating Expenses

Including services of consultants, staff travel, conferences, rentals, leases, repairs, and bus transportation

Items	Description of Item for Which Funds Were Expended	Incentive Grant Funds	Matching Funds
1			
2			
3			
4			
5000	Subtotal for 5000		

6000: Capital Outlay
Including sites, buildings, improvement of buildings, and equipment

Items	Description of Item for Which Funds Were Expended	Incentive Grant Funds	Matching Funds
1			
2			
3			
4			
6000	Subtotal for 6000		

Total for 4000-6000: _____

Total Incentive Grant Allocation: _____

PART B

Complete this portion if a waiver of the matching requirement was granted.

Account Number	Description of Item for Which Funds Were Expended	Incentive Grant Funds	Amount of Salary and Benefits
1000	Teachers' Summer Service Salaries		
2000	Teachers' Salaries for Project Supervision Period		
3000	Benefits for the Above Items (1000)		
N/A	Total		

PART C. Certification of Expenditures

I certify that the amounts entered on this final report are a true record of Incentive Grant funds and Non-Incentive Grant matching funds actually expended on the categories and items listed on the report.

Signature of District Superintendent or Designee: _____

Date: _____