

Acronym Legend:

SELPA: Special Education Local Plan Area

SCO: State Controller's Office

Return completed form to:

Special Education Division

Administrative Services Unit

California Department of Education

1430 N Street, Suite 2401

Sacramento, CA 95814-5901

Special Education Grant Fiscal Year 2018–19 COVID–19 Extension Expenditure Report

Grant Award Period: July 1, 2018, through September 30, 2021

Grant Name:

Grantee Name:

SELPA Name: **SELPA Code:**

Program Cost Account: **Vendor Number:** **Suffix:**

Standardized Account Code Structure (SACS) Resource Code:

Refer to the Expenditure Report Instructions for reimbursement requirements. Reports 8 is due 30 days after the last day of the report period. Report 9 is due October 9, 2021.

Report Periods

Please check the appropriate boxes to indicate the report period for this report.

- Report 8:** October 1, 2020, through March 31, 2021
- Report 9:** April 1, 2021, through September 30, 2021
- Final Report**

Final Report:

The grantee may submit a Final Expenditure Report prior to the award ending date, if funds have been fully expended. Upon receipt of the Final Expenditure Report 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. Please 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. Complete the table below:

Description	Amount
A. Total Grant Award Amount	
B. Prior Cumulative Actual Expenditures Reported [includes Comprehensive Coordinated Early Intervening Services (CCEIS) and Private Parentally Placed Individual Service Plan (PPP ISP)]	
C. Current Actual Expenditures	
D. Current CCEIS 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)	
K. Excess To Be Returned (G 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

Signed By:	Date Signed:
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For CDE Use (Revised 11/2020):

Approved By:	Date Approved:	Budget Plan:	
Interim Payment:	Final Payment:	Date to SCO:	
Payment Identifier:	Voucher Number:		