

Federal Financial Report

(Follow form instructions)

1. Federal Agency and Organizational Element to which Report is Submitted Corporation for National and Community Service			2. Federal Grant or Other Identifying Number Assigned by Federal Agency 13SRNOH011			Page of 1 1	
3. Recipient Organization (Name and complete address, including ZIP code) Willoughby Eastlake School District 37047 Ridge Rd Willoughby OH 44094-4130							
4a. DUNS Number 077768398	4b. EIN 346003081	5. Recipient Account Number or Identifying Number 		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project /Grant Period From: (Month, Day, Year) April 1, 2013		To: (Month, Day, Year) March 31, 2016		9. Reporting Period End Date (Month, Day, Year) March 31, 2016			
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>						Cumulative	
Federal Cash							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance							
d. Total Federal funds authorized						\$143,017.00	
e. Federal share of expenditures						\$143,017.00	
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)						\$143,017.00	
h. Unobligated balance of Federal funds (line d minus g)						\$0.00	
Recipient Share							
i. Total recipient share required						\$385,457.00	
j. Recipient share of expenditures						\$378,657.15	
k. Remaining recipient share to be provided (line i minus j)						\$6,799.85	
Program Income							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)						\$0.00	
11. Indirect Expense	a. Type	b. Rate	c. Period From	d. Period To	e. Base	f. Amount Charged	g. Federal Share
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: No federal funds other than funds from CNCS were used to carry out the program(s) funded under this grant.							
13. Certification: 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 purpose set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Donna M. Solano					c. Telephone (Area code, number and extension) (440) 975-3767		
b. Signature of Authorized Certifying Official					d. Email Address donna.solano@weschools.org		
					e. Date Report Submitted (Month, Day, Year) April 22, 2016		
					14. Agency use only:		