Federal Financial Report

(Follow form instructions)

Federal Agency and Organizational Element to which Report is Submitted				2. Federal Grant or Other Identifying Number Assigned by Federal Agency					Page of			
Corporation for National and Community Service				13SRNOH011					1	1		
3. Recipient Organization (Name and complete address, including ZIP code)												
77970	Willoughby Eastlake School District 37047 Ridge Rd Willoughby OH 44094-4130											
_	(3.55)	Shoot District										
91a 5075000-05000 1/1	ENC. SAMONEROUS ARRESTANCES.	4130										
4a. DUNS												
5. Recipient Account				olent Account Number or Iden				Ouarterly	7. Basis of Accounting			
							=	Semi-Annual				
07776839	98	346003081						Annual		Cash Accrual		
									-	— —		
8. Project /Grant Period 9. Reporting Period End E												
	Month, Day, Ye	ar)	To: (Mo	nth, Day, Year)	l			Day, Year)	•			
April 1,	2013		March 3	31, 2016	entifying Number entifying Number 9. Reportin (Month, I March 3) e. Base e. Base al sponsoring agency in compand accurate and the expenditure value of a subject me to criminal, civil, or			31, 2016				
10. Transa	0. Transactions Cumulative							Cumulative				
(Use lines a	-c for single or	multiple grant reporting)	(303000)									
Federal Ca	ısh				2100000					-		
a. Cash Receipts												
b. Cash Disbursements c. Cash on Hand (line a minus b)												
c. Cash on Hand (line a minus b)									No. of the second secon			
(Use lines d-o for single grant reporting)												
Federal Ex	penditures an	d Unobligated Balance	!	18 18 18 18 18 18 18 18 18 18 18 18 18 1								
d. Total	Federal funds	authorized								\$143.017.0		
e. Federal share of expenditures												
f. Feder	al share of unl	spenditures \$143,017.00 quidated obligations (sum of lines e and f) \$143,017.00										
				\$143,017.00 \$143,017.00 \$10.00 \$385,457.00 \$378,657.15								
b Habitandala (Caladi I Caladi												
2 TO 10 TO 1	h. Unobligated balance of Federal funds (line d minus g) \$0.00 Recipient Share											
i. Total r	! TAN											
		expenditures \$378,657.15										
k. Rema	ining recipeint	of expenditures \$378,657.15										
Program In		are of expenditures \$378,657.15 ecipeint share to be provided (line i minus j) \$6,799.85										
I. Total f	ederal progra	are of expenditures \$378,657.15 ecipeint share to be provided (line i minus j) \$6,799.85 Il program income earned										
198160		recipeint share to be provided (line i minus j) serial program income earned Income expended in accordance with the deduction alternative										
	I. 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											
		m income (line I minus lir		The second secon					***	\$0.0		
11. Indirect	a. Type		iod From	d. Period To	e. Base	Tipe i		f. Amount Charge	d L	g. Federal Share		
Expense										gr / oderar enare		
		WATER PROPERTY OF THE PARTY OF			desarries,	THE REAL PROPERTY.	-kredenson		-			
		Armania e la composición de la composición del composición de la c			9 m = 6 m = 4 m m m m m m m m m m m m m m m m m	Hadan						
12. Remarks	: Attach any e	explanations deemed nec	essary or	information required by Federal	sponsoring ag	ency	in com	pliance with governi	na leaisl	ation:		
ANALYSIS OF MY 1881 F				ogram(s) funded under this grant.	-,			g		4.0711		
						1.90	423711					
13. Certificat	ion: I certify to the	ne best of my knowledge a	nd belief tha	at the report is true, complete, and	accurate and the	ne exp	enditur	es,disbursements and	d cash re	ceipts are for the purpos		
ioiai iii a	ie awaiu docum	siits. I aili aware ulat aliy la	iise, iiciiliou	s, or traudulent information may s	apject me to cri	iminai	, civii, o	r administrative penal	des. (U.S	. Code, Title 18, Section		
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 2) a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number and extension)										per and extension)		
Donna M. Solano								(440) 975-3767				
b. Signature of Authorized Certifying Official d.								d. Email Address				
							onna.solano@weso					
AL AL							II. Vienoviorialis lucio reformationo	Report Submitted (Month, Day, Year)				
Partie de la Control de la Con							pril 22, 2016 ency use only:					
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