

## 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					Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance</b>							
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		
<b>Recipient Share</b>							
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		
<b>Program Income</b>							
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:							

Date: 11/20/2017  
 Time: 10:25 am

Financial Detail Report for 06/01/2016 - 06/30/2016 by FFLINE-NO  
 Fiscal Year 16

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 (FINDET)

Date	Check#/ Rcpt#	PO #	Description	TI	FND	FURC	OBJ	SCC	SUBJECT	OPU	IL	JOB	Receipts	Expenditures	Current Fund Balance
FFLINE-NO: 01.060															
06 29	970827		Inv. 138 - LC Gen Heal	03	599	1890		9016	000000	000			888.97		63,144.52
06 30	985099		Correct to 599-1890-93	03	599	1890		9016	000000	000			888.97-		62,255.55
TOTAL FOR FFLINE-NO 01.060:															
FFLINE-NO: 03.010															
06 21	666710	9050604	Payroll - pay date 06/	05	599	3220	144	9016	000000	000	00	000		23.63	62,231.92
TOTAL FOR FFLINE-NO 03.010:															
FFLINE-NO: 03.020															
06 30	904894	904897	BD. SHARE, NON-CERTIFI	05	599	3220	221	9016	000000	000	00	000		3.31	62,228.61
TOTAL FOR FFLINE-NO 03.020:															
FFLINE-NO: 03.030															
06 14	618635	360170	Blanket Purchase Order	05	599	3220	439	9016	000000	000	00	000		29.70-	62,258.31
06 17	620924	360170	Blanket Purchase Order	05	599	3220	439	9016	000000	000	00	000		29.70	62,228.61
TOTAL FOR FFLINE-NO 03.030:															
FFLINE-NO: 05.010															
06 30	950139	950139	Carry forward FY16 to	07	599	7200	911	9016	000000	000	00	000		62,228.61	0.00
TOTAL FOR FFLINE-NO 05.010:															