



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
EXTENDED LEARNING/AFTERSCHOOL PROGRAM



**FINAL EXPENDITURE REPORT – CBO’S (non-districts) ONLY**  
**21<sup>st</sup> CCLC (Title IV, Part B) ONLY**

Please complete this form within the space provided. One form must be completed for each grant awarded. This form does **not** generate a payment; you **must** submit a request for reimbursement form for payment. All figures must be rounded to the nearest dollar. Due date July 15.

|   |              |   |  |
|---|--------------|---|--|
| District/Organization Name  |              | Fiscal Agent Name   |  |
| County/District Code Number (for school districts)/<br>Federal Tax ID Number (for CBOs) | Phone Number | Ext.  | Grant Year<br><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
|   |              | Cohort Number<br><input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 |  |
| Contact Person  | Email        |   |  |

| Budget Categories  | Actual Grant Dollars Expended |
|--|-------------------------------|
| Certificated Salaries  | \$                            |
| Noncertificated Salaries   | \$                            |
| Employee Benefits  | \$                            |
| Purchased Services   | \$                            |
| Materials and Supplies   | \$                            |
| Capital Outlay   | \$                            |
| Professional Development   | \$                            |
| Transportation and Maintenance   | \$                            |
| Sub-Total  | \$                            |
| In-Direct Costs ( <i>can't exceed approved rate and must be based on expended funds only minus equipment</i> ) | \$                            |
| <b>TOTAL GRANT DOLLARS EXPENDED</b>  | \$                            |

Amount of Award: \_\_\_\_\_ Amount Spent: \_\_\_\_\_ Grant Dollars Remaining: \_\_\_\_\_

*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). In addition, I certify that the Federal funds requested have been spent and are being requested on a reimbursement basis in accordance with the Cash Management Improvement Act (2 CFR Part 220.305) for the purpose and condition of the grant or agreement.*

|                             |      |                      |      |
|-----------------------------|------|----------------------|------|
| Signature of Contact Person | Date | Authorized Signature | Date |
|-----------------------------|------|----------------------|------|

**FOR OFFICE USE ONLY (do not complete below this line)**

|  |  |
|--|--|
| <p><i>FOR DEPARTMENT USE ONLY - APPROVAL</i></p> | <p><b>PLEASE SCAN AND EMAIL TO:</b><br/><a href="mailto:exl@dese.mo.gov">exl@dese.mo.gov</a><br/>For questions, please call (573) 522-2627</p> |
|--|--|

|                              |                                    |      |
|------------------------------|------------------------------------|------|
| Signature of DESE Supervisor | Signature of Accounting Specialist | Date |
|------------------------------|------------------------------------|------|

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).

## Final Expenditure Report

- Only 21<sup>st</sup> CCLC CBO (non-district) grantees complete this form. All LEAs (districts) must use ePeGS.
- Final Expenditure Report forms are due no later than July 15.
- Form showing total of all grant funds spent in each budget category for each school/grant year.
- Totals represent all expenditures within each specific reporting year.
- Indirect cost can't exceed approved rates and can only be claimed based on dollars already expended to date minus equipment. CCLC must follow the restricted rates.
- **Submission of Final Expenditure Reports does *not* generate payment – a Request for Reimbursement form must be submitted for any payment requests.**

### Steps to complete a Final Expenditure Report (FER) form:

- Complete the contact information completely.
- Be sure form is signed.
- All funds *must* be rounded to the nearest dollar.
- Make certain figures are correct.
- Double check all math.
- The total amount reflected on all Request for Reimbursements paid to a program should agree with total amount reflected on FER.
- DESE recommends scanning and emailing form to assigned DESE Afterschool Supervisor to validate submission and receipt date.

NOTE: DESE must receive the Final Expenditure Report PRIOR to any continuation reports being awarded and/or any additional reimbursements made.

Expenditures must coincide with actual payments issued by DESE.