

**Early Literacy Support Block (ELSB) Grant 12-1-2020 to 6-30-2024 Year-to-Date Expenditures and Progress Report
ELSB Grant Program - Planning Year (12/01/2020 - 06/30/2021) Expenditures**

California Department of Education
Educator Excellence and Equity Division
ELSB Grant Program
1430 N Street, Suite 4309, Sacramento, CA 95814

Please Note: The LEA information and the Budget and Expenditure Amounts will autopopulate from the LEA Info and Narrative Form. Please select the correct check box for #4, #17, and #18.

1. **Grant Award No.:** 20-25515-67611-00 **Total Grant Award:** \$993,848.00

2. **Local Educational Agency:** Barstow Unified School District

3. **Project Director:** Jamie Fisher **Phone:** (760) 255-6025

FAX Number: (760) 256-7953 **E-mail:** jamie.fisher@busdk12.com

Standardized Account Code Structure	Resource Code:	7810
	Revenue Object Code:	8590

4. Reporting Time Frame (Select One)

1st Report

2nd Report

3rd Report (12/01/20 - 03/31/21) Due 04/30/21

4th Report (04/01/21 - 06/30/21) Due 07/30/21

EXPENSES FOR EACH COMPLETED PERIOD WILL AUTOPOPULATE BASED ON ENTRIES ON NARRATIVE FORM

Object Code	Planning Year Budget	1st PERIOD		2nd PERIOD		3rd PERIOD		4th PERIOD		CUMULATIVE TOTAL Total of All Periods
		Expenditure	Balance	Expenditure	Balance	Expenditure	Balance	Expenditure	Balance	
5. 1000-1999 Certificated Salaries/Stipends	45,000.00					450.00	44,550.00	0.00	44,550.00	450.00
6. 2000-2999 Classified Salaries	0.00					0.00	0.00	0.00	0.00	0.00
7. 3000-3999 Employee Benefits	5,000.00					21.33	4,978.67	0.00	4,978.67	21.33
8. 4000-4999 Books and Supplies	0.00					0.00	0.00	0.00	0.00	0.00
9. 5000-5999 Services and Other Operating Expenditures	0.00					0.00	0.00	0.00	0.00	0.00
10. 5200 Participant Travel/Project Staff Travel	0.00					0.00	0.00	0.00	0.00	0.00
11. 5800 Professional/Consulting Services & Op. Exp.	0.00					0.00	0.00	0.00	0.00	0.00
12. SUBTOTAL	50,000.00					471.33	49,528.67	0.00	49,528.67	471.33
13. 7300-7399 Indirect Costs 0.00%	0.00					0.00	0.00	0.00	0.00	0.00
14. 5100 Subagreement for Services	0.00					0.00	0.00	0.00	0.00	0.00
15. 6000-6599 Capital Outlay	0.00					0.00	0.00	0.00	0.00	0.00
16. TOTAL	50,000.00					471.33	49,528.67	0.00	49,528.67	471.33

17. **Budget Revision Requested (10% rule)** Yes No

Check the box that applies.
A Budget Revision is required for changes over 10 percent on any line item (either an under expenditure or over expenditure).
If yes is checked, a Budget Revision Request and Justification forms must be attached for review and approval.

18. Activities are being conducted as planned. Activities are not being conducted as planned.

Check the box that applies.

This is to certify that the Year-to-Date Expenditures and Progress Report has been prepared in accordance with the applicable Federal and State regulations. To the best of my knowledge, the data contained in this report are true and accurate. Any program results are supported by documented deliverables (i.e., professional development/products) on file at the Local Educational Agency.

19. Jamie Fisher 4.30.2021
Project Director (Printed Name and Signature) Date

Danna Diddel 4-30-2021
Superintendent Designee (Printed Name and Signature) Date

Other Signature, if required (Printed Name and Signature) Date

20. _____ Date
CDE Fiscal Monitor's Approval

_____ Date
CDE Project Monitor's Approval

_____ Date
CDE Administrator's Approval