

Part C, Early Education Program Expenditure Claim Form

Fiscal Year

This report is used to summarize and describe the actual expenditures or legal obligations made during the applicable grant award period and to determine the grant payment based on the expenditures reported. Please indicate the actual expenditure totals and a description of expenditures, up to the total award amount, for each Program Resource category. For questions regarding report or to submit digitally signed form, please email EarlyStartInvoices@dds.ca.gov.

DDS Grant Number:

Grantee (Local Educational Agency/Administrative Unit):

Special Education Local Plan Area (SELPA) Name

SELPA Code

Report Periods

Check the appropriate boxes to indicate the report period for this report:

<input type="checkbox"/>	Interim Report
<input type="checkbox"/>	Final Report
<input type="checkbox"/>	Revised Report

Send Payment To:

Name:

Address:

Program Resources-Categories

1. 1000s—Certified Salaries

Actual Expenditures Total:

Description/Justification of Actual Expenditures

2. 2000s—Classified Salaries

Actual Expenditures Total:

Description/Justification of Actual Expenditures

3. 3000s–Employee Benefit

Actual Expenditures Total:

Description/Justification of Actual Expenditures

4. 4000s–Materials and Supplies (cannot exceed 10% of allocation)

Actual Expenditures Total:

Description/Justification of Actual Expenditures

5. 5000s–Services and other operating

Actual Expenditures Total:

Description/Justification of Actual Expenditures

6. 6000s–Capital Outlay (cannot exceed 5% of allocation or \$5,000 per purchase)

Actual Expenditures Total:

Description/Justification of Actual Expenditures

7. Indirect Costs

CDE Approved Rate: ICR Expenditures Total:

Description/Justification of Actual Expenditures

Total Program Expenditures (sum of items 1–7):

Final Report: The grantee may submit a Final Expenditure Report prior to the award ending date, if funds have been fully expended. Upon receipt of the Final Expenditure Report, the California Department of Developmental Services will issue up to 100 percent of the total grant award.

Certification: I certify that the expenditures reported have been made, that this report has been conducted in accordance with laws and regulations, and that full records of receipts and expenditures have been maintained and are available for a period of **three years** after submission of a final expenditure report. I further certify that the expenditures reported on this form are accurate and that they are required and supplemental costs of implementing services to infants and toddlers with disabilities and their families as required by the Early Intervention Services Act (*Government Code* Section 95000 et. seq.).

Authorized Signature

Date

Printed Name and Title of Authorized Signature

Email Address

Note: Payment will not be released without an Authorized Signature on this form.

Internal Use by California Department of Developmental Services

Authorized by: _____ Signature: _____

Date: _____

DDS Accounting Use Only:

Appropriation Reference		Fund	Reporting Structure	Account
101		0890	43009522	5340580
Alt Account	Service Location	Program		Project ID
5340580079	95521	4140027		4300ES841810