# R10 logo

# TITLE III, PART A—IMMIGRANT STUDENTS

## Report of Project Expenditures and Request for Reimbursement

**2018-2019**

***July 1, 2018 – September 30, 2019***

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### Name of LEA CDN# Date of Request

|  |  |  |
| --- | --- | --- |
| **Fund Code** | **Funds Expended This Period** | **Specify Amount for Activity No.** |
| **6100** | $$ |  |
| **6200** | $$ |  |
| **6300** | $$ |  |
| **6400** | $$ |  |
| TOTAL | $ |  |

**Please indicate the expenditure amounts by activity number under correlating fund code. Expenditures must be placed into one of these categories to be reimbursed.**

|  |
| --- |
| **Immigrant Activity Numbers** |
| 1. Family Literacy, Parent Outreach and training activities designed to assist parents to become active participants in the education of their children
 |
| 1. Provision of tutorials, mentoring and academic/career counseling
 |
| 1. Basic Instructional Services that are directly attributable to the presence of Immigrant Students (classroom supplies, transportation)
 |
| 1. Activities coordinated with other organizations to offer parents comprehensive community services
 |
| 1. Support personnel through professional development, including teacher aides, to support Immigrant Students
 |
| 1. Identification/Acquisition of curricular materials, educational software and technologies
 |
| 1. Other Instructional Services designed to assist Immigrant Students
 |

**My LEA has considered the following questions when determining the eligibility**

**of the above expenditures:** (check the boxes that apply)

[ ]  The expenditure is reasonable, necessary, and allocable to carry out the intent and purpose of the program.

[ ]  The expenditure addresses a need previously identified in a comprehensive needs assessment.

[ ]  The activity/resource is in the DIP/CIP, and addresses how the activity/resource will be evaluated to measure a positive impact on student achievement.

[ ]  The expenditure is **supplemental** to other federal and non-federal programs.

[ ]  The expenditure follows district purchase policies and meets all EDGAR requirements.

[ ]  Time & effort is being recorded for all payroll split funded.

[ ]  Meals are reimbursed for actual expenses and not per diem.

By signing this report, I hereby 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 and **appropriate supporting documentation is enclosed**. 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.

Typed Name of Authorized Fiscal Officer Telephone Number Date

**A reimbursement request must be submitted by January 31, 2019. The final request must be submitted by October 4, 2019. Requests after October 4, 2019 will not be honored.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Authorized Signature

Send one copy of the report to: Davonda Oliver; 400 E. Spring Valley Road, Richardson, TX 75081-5101

Phone: 972-348-1338; E-Mail: reimbursements@region10.org